



2092 Gaither Road, Suite 100
Rockville, Maryland 20850
301.424.5200
Fax 301.424.8063
TTY 301.424.5203
www.ttlc.org

ADULT PSYCHO-EDUCATIONAL EVALUATIONS

Thank you for your interest in the psycho-educational evaluation services at The Treatment and Learning Centers (TLC)

If you have scheduled an appointment, please fill out the forms we mailed to you or that are located on our website at TTLC.org. On the website, go to the Psycho-educational Evaluations link called "Getting Started". Please return the following forms before your first appointment.

- **Case History Form**
- **Informed Consent and Authorization for Use and Disclosure**
- **Physician's Referral Form** to be completed by your child's doctor (this form is optional but is suggested if insurance reimbursement is being pursued)
- **Demographic Information** (optional)

If there is any other information related to the client's special needs (for example, prior evaluations, IEP's, etc.), please feel free to send copies along with the other information.

On the day of the initial interview, you will meet with a psychologist to discuss the concerns you want to have addressed. The cost of testing will be determined by the kind and amount of testing needed. You will also have a brief meeting with our administrative staff to discuss payment for services. Payment for the initial interview is required on the date of that appointment. This amount will be deducted from the final amount if you proceed with testing. Payment for the remaining portion of the evaluation and final conference may be made in installments through automatic charges to a credit card. We accept all major credit cards. Although we do not bill insurance companies directly, we will be glad to provide information and receipts to facilitate reimbursement. Please call if you need the procedure codes used for billing.

We look forward to working with you. If you have any questions, please feel free to call the intake staff for the Testing and Tutoring Services at 301-424-5200 ext. 6923.

Revised: 7/12
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FREQUENTLY ASKED QUESTIONS ADULT PSYCHOEDUCATIONAL SERVICES

TLC's services for adults utilize interviewing techniques and formal evaluation. The evaluation process, depending on the specific areas of concern, will include some combination of the following:

- the compiling of a detailed history
- cognitive/intelligence evaluation
- academic evaluation
- social and emotional functioning
- career interest and aptitude tests

Many adults have developed coping strategies that work quite well. However, changes in life or work situations may cause the adult with learning problems to have difficulty.

At TLC, we work with adults by identifying their problems and determining how they affect the present life or work situation. We recommend practical strategies for problem solving. Solutions have ranged from tutoring in specific areas such as reading or writing to the intricacies of "office politics." Remediation needs to be specific, rather than general, and attention must be given to ways the client processes information. Most often, the solution lies in specific coping strategies, rather than general remediation. However, specific remediation in certain academic or skill areas relevant for work or social requirements is also useful.

Our adult clients often have average to above average intelligence but were not diagnosed as having learning disabilities when they were youngsters. They are very relieved to find that they are neither incapable of learning nor emotionally troubled. The role of the psychologist and/or educational diagnostician is to diagnose the problems, help clients develop adaptive strategies and recommend specific remediation to fit their particular needs.

How Do I Begin?

Call our center to get started at 301-424-5200, ext. 6923. You will initially speak with the Outpatient Administrative Assistant who will provide information about the testing. An appointment for an evaluation can be made directly with our administrative assistant or one of our psychologists. When you schedule an appointment, please fill out the forms we mailed to you or that are located on our website at TTLC.org. On the website, go to the link for psych-educational evaluations called "Getting Started". It is necessary to have the forms completed and returned before the testing day. This allows us to review the information before we see you.

How Long Does It Take?

You will initially be scheduled for an Intake appointment with the psychologist who will compile

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background history. The evaluation is usually completed over a period of up to 9 hours, usually over a two to three day period.

What Is Included in the Psychological Evaluation?

The evaluation will include a test of cognitive ability as well as tests to determine learning styles. From these tests, we can measure language abilities, visual and spatial abilities, memory span, attention, and practical reasoning abilities. The psychological evaluation also includes tests for visual-motor (copying) skills. Screenings of a client's emotional status reveal information about their self-esteem, relationships with peers, and relationships with family members. Arrangements can be made for just psychological or just educational evaluations when appropriate.

What Is Included in the Educational Evaluation?

The educational evaluation measures levels of academic performance in reading, written language, mathematics, and content knowledge. By breaking down academic subjects into basic components, we can determine more precisely where clients are having their greatest problems. Educational evaluations are conducted by an Educational Diagnostician.

What Happens After the Testing?

In the weeks following the evaluation, the professional(s) who evaluated the client consider the findings. The psychologist reviews all test results with the educational diagnostician, when appropriate, to determine a diagnosis. In general, we look for profiles of strength and weakness. We compare the client's potential to the actual skill levels. A diagnosis of the problem is generated, and recommendations are made. Recommendations focus on addressing client's concerns in a practical, helpful way.

How Do I Get the Findings?

Results are shared with clients in two ways: a conference and a written report. Clients meet with the psychologist and the educational diagnostician, when appropriate, usually within two to four weeks of the evaluation. In the conference, we review our findings and help people determine the best ways to address the problems. We can offer specific advice as well as referrals to other resources at this time. Typically, the conference lasts an hour.

In addition to the conference, all the testing results are described in detail in a written report. These reports are written in understandable language and detail test scores, interpretations, and recommendations. The written report will be mailed to you within fifteen working days of the final consultation.

What Other Services May Be Recommended?

The Treatment and Learning Centers have several other departments that work with clients experiencing learning problems. These include Speech and Language Services, Occupational Therapy, and Audiological Services. Evaluations or treatment in any of these departments may be indicated in a Psycho-Educational Evaluation.

In addition, The Treatment and Learning Centers has a tutoring program designed particularly for students with learning problems. Tutoring is one-to-one, and the tutors are experienced in teaching clients with learning problems. We also offer short-term counseling services to clients to help them learn to cope with their learning problems. Occasionally, we refer clients to a variety of other services in the community. We can help clients locate appropriate services and support organizations upon request.

Does Insurance cover the cost of evaluations?

Some insurance companies may cover part of these evaluations. While we do not bill insurance companies directly, we will provide you with detailed invoices at the end of testing that you can submit to your insurance company. The procedural codes (CPT-4) that are used for the billing of the psychological portions are 90791, 96101 and 90847. You can give these codes to your insurance company to check coverage. The educational portions of testing are not covered by insurance companies. Extended payment plan options through automatic credit card deductions are available to help with the cost of the evaluation.

What If We Have Recently Obtained Evaluations Elsewhere?

Many persons request a review of evaluations that have been done by other professionals. We offer an Educational History Review to clients who would like a second opinion of evaluations done previously. Clients supply any previous evaluation reports and other relevant information to us. An appointment is then scheduled with the client to review the findings and make any recommendations that seem appropriate (such as additional evaluations, referrals, to other agencies, etc.). However, no written report is generated.

We are happy to answer any of your questions about the evaluation services. If you would like more information or would like to schedule an appointment, please phone the Director of Testing and Tutoring Services at (301) 424-5200.



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POLICY

FUNDAMENTAL RIGHTS OF PERSONS/FAMILIES SERVED

TLC- The Treatment and Learning Centers recognizes the rights of persons served and their families. These rights will be in accordance with Federal and Maryland State Law: Health General Article 7-1002, Annotated Code of Maryland. These fundamental rights include, but are not limited to, the following while participating in programs at TLC:

1. The right to be treated with courtesy, respect, and full recognition of human dignity and individuality.
2. The right to receive treatment and services in the least restrictive environment that is available, adequate, appropriate, and in compliance with relevant laws, rules and regulations.
3. The right to be free from mental and physical abuse.
4. The right to be free from pharmacological intervention, except that a physician authorizes, in writing, for a clearly indicated medical need and made a permanent part of the individual's record.
5. The right to be free from physical restraints except for minimal restraints that are authorized in writing and made a permanent part of the record by a physician or qualified developmental disabilities professional, and which are clearly indicated for the protection of the individual with developmental disabilities or others.
6. The right to receive respect and privacy in an individually developed program.
7. The right to worship as the individual chooses.
8. The right to an accounting of any funds belonging to the individual that are held or otherwise administered by TLC.
9. The right to be informed of all of the most integrated setting service options licensed through the Developmental Disabilities Administration.
10. The rights to receive complete and current information concerning his/her diagnosis, treatment/program, and prognosis in language he/she can reasonably be expected to understand.
11. The right to know the cost(s) of care/services being provided.
12. The right to receive equal consideration and not be excluded from participation in, or be denied the benefits of, or otherwise be subjected to discrimination on the grounds of race, sex, color, religion, national origin, handicapping conditions, or sexual orientation.
13. The right to a formal review through the Grievance/Appeal process if it is felt that any of the above rights have been violated. Specific policies and procedures on the Grievance/Appeal Process and Behavioral Management are available upon request.

Revised 3/12/98, 6/1/00, 2/28/06, 3/8/06, 6/16
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NOTICE OF PRIVACY PRACTICES

TLC – The Treatment and Learning Centers, Inc.
2092 Gaither Road, Suite 100
Rockville, MD 20850
Privacy Officer: Director of Administrative Services
301-424-5200 ext. 147

Effective Date: September 23, 2013

Note: The Treatment and Learning Centers provides evaluative, therapeutic, medical and educational services to persons. For the purpose of this Notice of Privacy Practices, such services and descriptions about them shall be called Medical Information or Health Care.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We understand the importance of privacy and are committed to maintaining the confidentiality of your Protected Health Information (PHI). We make a record of the care we provide and may receive such records from others. We use these records to provide or enable other professionals and health care providers to provide quality care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer listed above.

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A. How This Practice May Use or Disclose Your Health Information

This practice collects Protected Health Information (PHI) about you and stores it in a chart, on a computer and in an electronic health record/personal health record. This is your medical record. The medical record is the property of this practice, but the information in the medical record belongs to you. The law permits us to use or disclose your PHI for the following purposes:

1. Treatment. We use medical information about you to provide your care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not provide. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.
2. Payment. We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. Health Care Operations. We may use and disclose medical information about you to operate this practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts. We may also share medical information about you with the other health care providers, health care clearinghouses and health plans that participate with us in "organized health care arrangements" (OHCAs) for any of the OHCAs' health care operations. OHCAs include hospitals, physician organizations, health plans, and other entities which collectively provide health care services. A listing of the OHCAs we participate in is available from the Privacy Official.
4. Appointment Reminders. We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone, unless you notify us otherwise.
5. Sign In Sheet. We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
6. Notification and Communication With Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

7. Marketing. Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.
8. Sale of Health Information. We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.
9. Required by Law. As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
10. Public Health. We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
11. Health Oversight Activities. We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.
12. Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
13. Law Enforcement. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
14. Coroners. We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.
15. Organ or Tissue Donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

16. Public Safety. We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
17. Proof of Immunization. We will disclose proof of immunization to a school that is required to have it before admitting a student where you have agreed to the disclosure on behalf of yourself or your dependent.
18. Specialized Government Functions. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
19. Workers' Compensation. We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.
20. Change of Ownership. In the event that this practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.
21. Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.
22. Psychotherapy Notes. We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) use by the originator of the notes for your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal proceeding, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.
23. Research. We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.
24. Fundraising. We may use or disclose your demographic information in order to contact you for our fundraising activities. For example, we may use the dates that you received treatment, the department of service, your treating physician, outcome information and health insurance status to identify individuals that may be interested in participating in fundraising activities. If you do not want to receive these materials, notify the Privacy Officer listed at the top of this Notice of Privacy Practices and we will stop any further fundraising communications. Similarly, you should notify the Privacy Officer if you decide you want to start receiving these solicitations again.

B. When This Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.
2. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. Right to Inspect and Copy. You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.
4. Right to Amend or Supplement. You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.
5. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 18 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.
6. Right to a Paper or Electronic Copy of this Notice. You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

E. Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

DHHS Office of Civil Rights – by email to [OCRComplaint @ hhs.gov](mailto:OCRComplaint@hhs.gov) or via the OCR Complaint Portal on line at OCRMail@hhs.gov

The complaint form may be found at www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf. You will not be penalized in any way for filing a complaint.

Copias de TLC – Notas de las Praticas privada estan disponible en Espanol y escritura grande como sea necesario. Por favor haga esta solicitud @ nuestra Personal Privada.