

HIPAA NOTICE OF PRIVACY PRACTICES

This notice involves your privacy rights and describes how information about you may be disclosed, and how you can obtain access to this information. Please review it carefully.

Confidentiality

I. Uses and Disclosures of Information Requiring Your Authorization or Consent

As a general rule, I will not disclose information about you, or the fact that you are my client, without your written consent. My formal Mental Health Record describes the services provided to you and contains the dates of our sessions, your diagnosis, symptoms, prognosis, progress, and any assessments completed. Health care providers are legally allowed to use or disclose records or information in order to keep you or others safe, or to seek payment for services provided. For all other purposes of sharing information about you (e.g., to coordinate your care with another medical provider), I require your written permission in advance of sharing information. You may revoke your permission for me to exchange or share information at any time by contacting me with a written request.

II. Limits of Confidentiality:

****Possible Uses and Disclosures of Mental Health Records without Consent or Authorization****

There are some important exceptions to this rule of confidentiality. If you wish to receive mental health services from me you must sign this document, indicating that you understand and accept my policies about confidentiality and its limits. We will discuss these issues at the beginning of our work together, but you may reopen the conversation at any time.

I may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy or because it is legally required:

- **Emergency:** If you are involved in a life-threatening emergency and I cannot ask your permission, I will share information if I believe you would have wanted me to do so, or if I believe it will be helpful to you (e.g., if you have a medical emergency and are unable to speak or otherwise seek medical help on your own, I would call 911 to get you necessary medical care).
- **Child Abuse/Neglect Reporting:** If I have reason to suspect that a child is abused or neglected, I am required by law to report the matter immediately to child protective services.
- **Adult Abuse/Neglect Reporting:** If I have reason to suspect that an elderly, disabled, or incapacitated adult is abused, neglected or exploited, I am required by law to immediately make a report and provide relevant information to your local Department of Social Services.
- **Health Oversight:** State laws can require that therapists report misconduct by other healthcare professionals. By law, if you describe unprofessional conduct by another mental health provider, I am required to explain to you how to make a report to the licensing board. If you are yourself a health care provider and your behavior places the public at risk of harm, I am required by law to report this to your licensing board. Licensing Boards have the power, when necessary, to subpoena relevant records for investigating a complaint of provider incompetence or misconduct.
- **Court Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged and

confidential under state law, and I will not release information unless you provide written authorization or a judge issues a court order. If I receive a subpoena for records or testimony, I will notify you so that we can decide together how to respond to the request. In general, I do not believe that it is helpful to the client-therapist relationship for mental health providers to be used in legal settings. When information from our work together is disclosed, there is no way for me to know how that information will be interpreted or used in a court setting. Therapy should be a safe setting for you to discuss any experiences or feelings you have without judgment or adverse consequences. When therapy is used as a bargaining chip in court proceedings, it erodes the public's trust in the therapeutic process and undermines the therapeutic relationship between a client and therapist.

- **Serious Threat to Health or Safety:** If I am engaged in my professional duties and you communicate to me a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I am legally required to take steps to protect the public from harm. These precautions may include 1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18, 2) notifying a law enforcement officer, or 3) seeking your hospitalization. By my own policy, I may also use and disclose medical information about you when necessary to prevent an immediate, serious threat to your own health and safety. If you become a party in a civil commitment hearing, I may be required to provide your records to the magistrate, your attorney or guardian *ad litem*, a Community Services Board evaluator, or law enforcement officer, whether you are a minor or an adult.
- **Workers Compensation:** If you file a worker's compensation claim, I am required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.
- **Records of Minors:** States have a number of laws that limit the confidentiality of the records of minors. For example, parents, regardless of custody, may not be denied access to their child's records; and evaluators in civil commitment cases have legal access to therapy records without notification or consent of parents or child. Other circumstances may also apply, and we will discuss these in detail if I provide services to minors.

Other uses and disclosures of information not covered by this notice or by the laws that apply to me will be made only with your written permission.

III. Client's Rights and Provider's Duties

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information about you. You also have the right to request a limit on the medical information I disclose about you to someone who is involved in your care or the payment for your care. If you ask me to disclose information to another party, you may request that I limit the information I disclose. However, I am not required to agree to a restriction you request. To request restrictions, you must make your request in writing and tell me: 1) what information you want to limit; 2) whether you want to limit my use, disclosure or both; and 3) to whom you want the limits to apply.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of Protected Health Information (PHI) by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address. You may also request that I contact you only at work, or that I do not leave voicemail messages.) To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.

- **Right to an Accounting of Disclosures:** You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in section III of this Notice). On your written request, I will discuss with you the details of the accounting process.
- **Right to Inspect and Copy:** In most cases, you have the right to inspect and copy your medical and billing records. To do this, you must submit your request in writing. If you request a copy of the information, I may charge a fee for costs of copying and mailing. I may deny your request to inspect and copy in some circumstances. I may refuse to provide you access to certain psychotherapy notes or to information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative proceeding.
- **Right to Amend:** If you feel that protected health information I have about you is incorrect or incomplete, you may ask me to amend the information. To request an amendment, your request must be made in writing, and submitted to me. In addition, you must provide a reason that supports your request. I may deny your request if you ask me to amend information that: 1) was not created by me; 2) is not part of the medical information kept by me; 3) is not part of the information which you would be permitted to inspect and copy; 4) is accurate and complete.
- **Right to a copy of this notice:** You have the right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time. *Changes to this notice:* I reserve the right to change my policies and/or to change this notice, and to make the changed notice effective for medical information I already have about you as well as any information I receive in the future. The notice will contain the effective date. A new copy will be given to you. I will have copies of the current notice available on request.

Complaints: If you believe your privacy rights have been violated, you may file a complaint. To do this, you must submit your request in writing to my office. You may also send a written complaint to the U.S. Department of Health and Human Services.

EFFECTIVE DATE: January 1, 2025

Acknowledgement of Receipt of Notice of Privacy Practices

I have received this "Notice of Privacy Practices." I have had an opportunity to discuss these policies, and I understand that I may ask questions about them at any time in the future. I consent to accept these policies as a condition of receiving mental health services with my therapist.