

Privacy of Information Policies

This form describes the confidentiality of your mental health records, how the information is used, your rights, and how you may obtain this information.

Effective 7-11-11

My Legal Duties

State and Federal laws require that I keep your mental health records private. Such laws require that I provide you with this notice informing you of my privacy of information policies, your rights, and my duties. I am required to abide these policies until replaced or revised. Any changes in this notice will be made available before changes take place.

The contents of material disclosed to me in a screening, assessment, or counseling session are covered by the law as private information. I respect the privacy of the information you provide me and I abide by ethical and legal requirements of confidentiality and privacy of records.

Use of Information

Information about you may be used for diagnosis, treatment planning, treatment, and continuity of care. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. It is the policy of this counselor not to release any information about a client without a signed release of information except in certain emergency situations. Some of these situations are noted below, and there may be other provisions provided by legal requirements.

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person or persons, the therapist is required report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, I am required to notify legal authorities and make reasonable attempts to notify the family of the client.

Public Safety

Health records may be released for the public interest and safety for public health activities, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker's compensation laws.

Abuse

If a client states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child (or vulnerable adult) is in danger of abuse, or the client has knowledge of abuse which has occurred recently, the therapist is required to report this information to the appropriate social service and/or legal authorities (i.e. Child Protective Services). If a client is the victim of abuse, neglect, violence, or a crime victim, and their safety appears to be at risk, I will work to help prevent future occurrences and capture the perpetrator, possibly including law enforcement officials.

Judicial or Administrative Proceedings

Therapists are required to release records of clients when a court order has been placed. It is my policy that I do not appear in court unless court ordered by a judge to do so or if given a signed release of information to speak with the court. Please note the associated fees for court appearance in the Fee Schedule.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

Prenatal Exposure to Controlled Substances

Therapists are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

In the Event of a Client's Death

In the event of a client's death who is a child, the parents of a deceased client have a right to access their child's records. Adult records will continue to be guarded as listed above until the client's representative is legally identified.

Initials _____

Professional Misconduct

Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

Other Provisions

When payment for services are the responsibility of the client, or a person associated with the client who has agreed to providing payment, and payment has not been made in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, progress notes, testing) is not disclosed. In this case client's credit report may state the amount owed, the time-frame, and my name or the collection source.

Insurance companies, managed care, and other third-party payers may request information regarding services to the client. Information which may be requested include type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, and summaries, and even progress notes.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed. No progress notes are released.

Efforts are made to preserve confidentiality during communications. Please notify me when and where I may reach you by phone. Please note I will not always be accessible by phone and will return messages left by the next business day unless otherwise indicated on my voicemail. Consider this when leaving a return number with which I can reach you. It is helpful when a client lets me know how they would like for me to identify myself should I reach someone other than them. If this information is not provided to me, I will adhere to the following procedure when making phone calls: First I will ask to speak to the client (or guardian) without identifying the purpose of the call. If the person answering the phone asks for more identifying information I will say that it is a personal call. I will not identify my profession (to protect confidentiality). If I reach voicemail, and I am unsure of who may be checking it, I will follow the same guidelines.

Confidentiality cannot be assured over e-mail, fax, or phone text messages. Precautions will be taken to protect against possible breaches of confidentiality when information is communicated in this way. For your own protection, the most assured way to protect information is to convey information over the phone. Please send only scheduling information when using the above forms of communication. It should be further noted my telephone line is on a shared bill. Your number is viewable to one other person on this bill, though no other identifying information is associated with it.

Your Risks

Entering a counseling relationship does not come without risks. During counseling you may experience emotional unrest and, possibly, physical unrest. Please bring these concerns to the counseling session so they may be processed appropriately. If you find yourself in emotional or mental crisis, please call 472-HELP or 911 (if it is life threatening). Other risks may include long treatment times and the associated expenses. During treatment you may also begin to experience thoughts of suicide or intent for suicide. Please inform the therapist of this immediately, call your psychiatrist, call 472-HELP, or call 911.

Your Rights

You have the right to be treated with respect. If you feel this has not been accomplished, please inform me immediately so it may be corrected.

You have the right to know what information is in your record. You may request to review or receive your files. Records for non-emancipated minors must be requested by their custodial parents or legal guardians. The procedure for obtaining a copy of your information is as follows: You may request a copy of your records in writing with an original (not photocopied) signature. If your request is denied (i.e. if I believe release of your file could be damaging to you or the minor in some way), you will receive a written explanation of the denial. The charge for this service is \$.25 per page, plus postage.

You have the right to decide who may have information about you and what information they are allowed to have. You may create, cancel, or amend a release of information at any time. Once a release of information has been created it must be amended in writing by you and the amendment will be placed in your file. In the case of minors, if I do not agree with restrictions in regards to their guardians, I am not bound to abide by them. My reasons for disagreement will be openly discussed unless clinically contraindicated. If you desire to have your information sent to a location different than my address on file, you must provide this information in writing.

Initials _____

You have the right to disagree with the records in my files. You may request that this information be changed. Although I might deny changing the record, you have the right to make a statement of disagreement, which will be placed in your file.

Complaints

If you have any complaints or questions regarding these procedures, please contact me. I will get back to you in a timely manner. You may also submit a complaint to the U.S. Dept. of Health and Human Services at (214)767-4056 and/or the Texas State Board of Examiners of Professional Counselors at 1-800-942-5540. If you file a complaint I will not retaliate in any way.

EMERGENCIES

In the case of a mental health crisis, please call 472-HELP. If you believe the emergency is life-threatening please call 911.

I understand the limits of confidentiality, privacy policies, my rights, and their meanings and ramifications.

Client's name (please print): _____

Signature: _____

Date: ____/____/____

Signed by: client guardian personal representative

Initials _____