

Informed Consent

This form describes the confidentiality of your medical records, how the information may be used, your rights, & how you may obtain this information.

Confidentiality/Protected Health Information

My Legal Duties

State & federal laws require that I keep your medical records private. Such laws require that I provide you with this notice informing you of my privacy of information policies, your rights, & my duties. I am required to abide by these policies until replaced or revised. I have the right to revise my privacy practices for all medical records, including records kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place.

The contents of material disclosed to me in an evaluation, intake, or therapy session are covered by the law as private information. I respect the privacy of the information you provide me, and I abide by ethical & legal requirements of confidentiality & privacy of records.

Use of Information

I may disclose information about you disclosed in diagnoses, wellness planning, treatment, & continuity of care with your other health care providers such as doctors, nurses, & other mental health providers.

Both verbal information & written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian or personal representative. It is my policy not to release any information about a client without a signed release of information except in certain emergency situations or in exceptions in which client information can be disclosed to others without written consent. Some of these situations are noted below, & there may be other provisions provided by legal requirements.

Duty to Warn & Protect

When a client discloses intentions or a plan to harm another person or people, I am required to warn the intended victim(s) & 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 & make reasonable attempts to notify the client's family.

Public Safety

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

Abuse

If a client states or suggests that he or she is abusing a child or a vulnerable adult, or has recently abused a child or vulnerable adult, or a child (or vulnerable adult) is in danger of abuse, I am required to report this information to the appropriate social service &/or legal authorities. If the client is a victim of abuse, neglect, violence, or a crime victim, & her/his safety appears to be at risk, I may share this information with law enforcement officials to help prevent future occurrences & capture the perpetrator.

Prenatal Exposure to Controlled Substances

I am 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, the spouse or parent(s)/legal guardian(s) of a deceased client has/have a right to access the child's or spouse's records.

Professional Misconduct

If there is an allegation against me of professional misconduct, it must be reported by another/other health care professional[s]. In cases in which a professional or legal disciplinary meeting is being held regarding my actions, related records may be released in order to substantiate disciplinary concerns.

Judicial or Administrative Proceedings

I am required to release records of clients when a court order has been placed.

Minors/Guardianship

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

Other Provisions

When payment for services are the responsibility of the client, or a person who has agreed to provide payment, does not pay due amount in a timely manner, collecting agencies may be utilized in collecting unpaid debts. The specific content of the services (diagnosis, progress notes, testing, etc.) is not disclosed. If a debt remains unpaid, it may

be reported to credit agencies; the client's credit report may state the owed amount, the time frame, and the name of the clinic or collection source.

Insurance companies, managed care, & other third-party payers are given information that they request regarding services to the client. Information which may be requested includes type of services, diagnosis, holistic wellness plan, description of impairment, progress of therapy, & summaries.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible care. In such cases, the name of the client, or any identifying information, is not disclosed. Clinical information about the client may be discussed.

Electronic Communication

Electronic communications, both by telephone (including texting) & internet (including email), are not always secure methods of communication. There is some risk that one's confidentiality could be compromised with their use. If you prefer to not communicate electronically, please inform me & I will honor your request.

Your Rights

You have the right to request to review or receive your medical files. The procedures for obtaining a copy of your medical 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, you will receive a written explanation for the denial. Records for non-emancipated minors must be requested by their custodial parent(s) or legal guardian(s).

You have the right to cancel a release of information by providing a written notice. If you desire to have your information sent to a location different than the address on file, you must provide this information in writing.

You have the right to restrict what information might be disclosed to others. However, if I do not agree with these restrictions, I am not bound to abide by them.

You have the right to request that information about you be communicated by other means or to another location. This request must be put in writing.

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

You have the right to know what information in your record has been provided to whom. Please request this in writing.

If you desire a written copy of this notice, you may obtain it by request.

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

Client's Name (please print):

Signature: _____ Date: ____/____/____

Signed by: _____ Client _____ Guardian _____ Personal Representative