

**ABOUT CONFIDENTIALITY**

There are specific laws which protect your health information. A copy of this information (**HIPAA Policies**) is posted in the waiting area of my office for you to read. In compliance with federal law, I will ask that you sign an acknowledgment of having read and/or received this information (some of which is covered below).

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a “release of records” form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me. In all but a few rare situations, your confidentiality (that is, your privacy) is protected by state law and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

1. If you were sent to me by a court for evaluation or treatment, the court expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court to know. You have a right to tell me only what you are comfortable with telling.
2. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.
3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.
4. If I believe a child has been or will be abused or neglected, or if I believe elder abuse has occurred, I am legally required to report this to the authorities.
5. If the court orders me to release my records for reasons not cited above.

As a therapist, my legal and moral duty is to protect your confidentiality, but I also have a duty under the law to the wider community and to myself, if there is harm, threat of harm, or neglect. In the event you are directed to participate in evaluation/treatment under court order, I will request you execute a proper release of records form.

There are two situations in which I might talk about part of your case with another therapist. I ask now for your understanding and agreement to let me do so in these two situations. First, when I am away from the office for more than a few days, I have a trusted colleague “cover” for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Generally, I will tell this therapist only what he or she would need to know in the event an emergency occurs. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality. Second, I sometimes consult other therapists or other professionals about my clients. This helps me in giving high-quality treatment. These persons are required to keep your information private. Your name will never be given, and they will be told only as much as they need to know to understand your situation.

If you pay by check, obviously bank personnel would be aware that you had made payment to me. Other clients in my waiting room may also see you, however they would never be allowed any information as to your presence in my office. If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a release form. Also, I have most written reports completed by a professional word processing service. The provider of that service signs an agreement to maintain confidentiality.

If I am providing couples, family or group therapy (any situation where there is more than one client), and you want to have my records of this therapy sent to anyone, all of the adults present will have to sign a release. If it pertains to group therapy, only a summary of your group treatment would be provided. Furthermore, your confidentiality can not be guaranteed when participating in group therapy. Every effort is made to encourage a cooperative effort by all group members to hold information confidential.

If you are using insurance, the company will sometimes ask for more information on symptoms, diagnoses and my treatment methods. I will let you know if this should occur and what the company has asked. You may need to sign a release of records form to allow me to communicate with your insurance company.

I have read/or had read to me, the above information regarding confidentiality. My signature below acknowledges my understanding of the above information and acceptance of these terms.

Signatures: \_\_\_\_\_ Date  
\_\_\_\_\_ Date  
\_\_\_\_\_ Date