

## Notice of Privacy Policy

*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. Your health information is personal, and we are committed to protecting it.*

**How We May Use or Disclose Your Health Information:** We may use or disclose your health information, in certain situations, without your consent or authorization. Below we describe examples of how we may use or disclose your health information as permitted under or required by federal law, including instances where we will obtain your authorization. Such uses or disclosures may be in oral, paper or electronic format.

**For Treatment.** We may use and disclose your health information to provide you with mental health treatment or services or to assist in the coordination, continuation or management of your care and any related services. This includes the coordination or management of your health care with a third party. For example, a health care provider, such as a licensed professional counselor, or other person providing health services to you, will record information in your record that is related to your treatment and may share that information with other providers. This information is necessary for other health care providers to determine what treatment you should receive.

**For Payment.** We may use and disclose your health information to others for the purposes of obtaining payment for treatment and services that you receive. For example, a bill may be sent to you or to a third-party, for services provided to you. The information on the bill may contain information that identifies you, your diagnosis, and treatment.

**Communications.** We may use and disclose your information to provide appointment reminders, leave a message on your answering machine, or leave a message with an individual who answers the phone at your residence. We may, from time to time, contact you to provide information about treatment alternatives and services that may be of interest to you.

**Required or Permitted by Law.** We may use and disclose information about you as required or permitted by law. If a use or disclosure is required by law, the use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. If required by law, you will be notified of any such uses or disclosures. For example, we may use and/or disclose information for the following purposes:

For judicial and administrative proceedings pursuant to legal authority or court order

To assist law enforcement officials in their law enforcement duties

**Individuals involved in your care.** We may provide information about you to a family member, friend, or other person involved in your health care or in payment for your health care. If you are deceased, we may disclose medical information about you to a friend or family member who was involved in your medical care prior to your death, limited to information relevant to that person's involvement, unless doing so would be inconsistent with your written wishes you previously provided to us. If we disclose information to a family member, relative or close personal friend,

we will disclose only information that we believe is relevant to that person's involvement with your health care or payment related to your health care.

**Health and Safety.** We may, consistent with applicable law and standards of ethical conduct, use or disclose health information about you if we believe that the use or disclosure is necessary to prevent or lessen a serious threat to the health or safety of a person or the public; provided that, if a disclosure is made, it must be to a person(s) reasonably able to prevent or lessen the threat and is permissible by law. We may also use or disclose your health information if we believe that the use or disclosure is necessary for law enforcement authorities to identify or apprehend an individual who: (i) admits to participation in a violent crime that we reasonably believe caused serious physical harm to the victim, or (ii) appears to have escaped from a correctional institution or lawful custody.

**Workers' Compensation.** Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

**Authorizations for Other Uses and Disclosures:**

While we may use or disclose your health information without your written authorization as explained above, there are other instances where we will obtain your written authorization. Except as otherwise provided in this Notice, we will not use or disclose your health information without your prior written authorization. You may revoke an authorization at any time, except to the extent we have already relied on the authorization and taken action.

**Examples of uses and disclosures that require your authorization are:**

Psychotherapy Notes: If Psychotherapy Notes are created for your treatment, we must obtain your prior written authorization before using or disclosing them, except (1) if the creator of those notes needs to use or disclose them for treatment, (2) for use or disclosure in our own supervised training programs in mental health, or (3) for use or disclosure in connection with our defense of a proceeding brought by you. "Psychotherapy Notes" means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. "Psychotherapy Notes" excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. Note that if, in the sole discretion of your health care provider, providing you with copies of your Psychotherapy Notes could be harmful or detrimental, we have the right to deny your request for such records.

Uses and Disclosures of Your Highly Confidential Information: Some federal and/or state laws require special privacy protections for certain highly confidential health information, relating to: (1) psychotherapy services; (2) mental health and developmental disabilities services; (3) substance use disorder diagnosis, treatment and referral; (4) HIV/AIDS testing, diagnosis or treatment; (5) venereal disease(s); (6) genetic testing; (7)

child abuse and neglect; (8) domestic abuse of an adult with a disability; and/or (9) sexual assault. Unless the use or disclosure is permitted or required by law, we will obtain your written consent or authorization prior to using or disclosing your highly confidential health information to third parties.

**If you have questions, you are encouraged and expected to ask them before you sign this form. Your signature on this form indicates that you have read and understand this document and that you have had the opportunity to ask questions about anything in this form. By signing below, you authorize and consent to the performance of the treatment.**

Client Name: \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_

Typed Signature: \_\_\_\_\_

If signed by someone other than patient, indicate relationship: \_\_\_\_\_