



Christine Leonard LPC-A, LAC-A, NCACII, AADC, SAP, CS-IP
P.O. Box 526
Graniteville, SC 29829
(P) 803-634-2926 (F) 706-305-4993
(E) info@fullcircleconsultingsc.com

CONFIDENTIALITY AND HIPAA IN PSYCHOTHERAPY

What a client tells a therapist has always been treated as private. Our society recognizes that this confidentiality is the foundation of the trust we must have for therapy to work. However, the situation is not so simple that I can promise you that everything you tell me will *never* be revealed to anyone else. It is more complicated because there are some times when the law requires me to tell others, and there are some other limitations on our confidentiality. We need to discuss these so that there are no misunderstandings and no incorrect assumptions, and we are as clear as we can be about the limits of confidentiality. Because you can't unsay what you tell me, you must know about these rules at the beginning so that you don't tell me something you wish you had kept secret. These are important issues, so please read these pages carefully. Then we can then discuss any questions or concerns you might have.

Confidentiality

Counselors in this state are afforded privileged communications with specific exceptions which are also outlined in the professional ethics for my profession. I have listed below a few rare exceptions to our confidentiality:

1. There are laws written to protect persons from harm when, in a therapist's professional judgment, there is a danger to those persons from a client. Such instances would include:
 - a. When there is serious and foreseeable harm to you or others.
 - b. When there is a valid court order.
 - c. When there is suspected or evident child abuse or neglect.
 - d. When there is suspected or evident abuse, neglect or exploitation of vulnerable adults – individuals with physical or mental impairment or advanced age
 - e. If you are in your third trimester of pregnancy (defined in SC as the beginning of your 24th week) and you are using illicit substances (illegal substances; substances for which you don't have a prescription) this would trigger a mandated report according to the *Whitner law*. This does *not* include alcohol.
 - f. Possession of child pornography is a federal crime. Since this is considered sexual exploitation of a child/children even though the victim may not be known and it may not involve actual physical interaction with a child, I would consider it a mandated reporting issue.

In any of the above situations, I would only reveal the least amount of information necessary to protect the other person and not tell everything you have told me. If any of these situations might be an issue for you, please let us discuss the legal aspects in detail and do this before you tell me any specific information on these topics.



Christine Leonard LPC-A, LAC-A, NCACII, AADC, SAP, CS-IP
P.O. Box 526
Graniteville, SC 29829
(P) 803-634-2926 (F) 706-305-4993
(E) info@fullcircleconsultingsc.com

There are a few other points about your confidentiality you must know about:

1. I sometimes consult with other professionals/therapists about therapy cases. In such cases, I do not reveal a client's name, and the other professional is also legally bound to maintain the confidentiality of such information. Similarly, when I am out of town or unavailable, another professional therapist may respond to phone calls to my office, and I may need to give him or her limited information about my clients to effect such coverage.
2. I am required to keep treatment records (medical records), which include progress notes. You are entitled to review, with me, these records (see exceptions noted by HIPAA regulations)
3. If you have a DOT violation and have been referred (sent) to me by your employer, they may require some additional information. If this is your situation, let us fully discuss this before we talk further.
4. If your account with me is overdue (unpaid) and we have not arranged a payment plan, I can use legal means to get paid. The only information I would give to the court, a collection agency, or a lawyer would be your name, address, the dates we met for professional services, and the amount due to me.
5. If you are participating in couples therapy with me and you choose to tell me something your spouse does not know, I cannot ethically agree to keep it from him or her, especially if it would harm him or her not to know. I will work with you to decide on the best way to handle situations like this, as no secrets are kept in this regard. If you are working on your relationship, it would not be acceptable for me to know information each of you does not know, and it would be difficult for each of you to trust me if you wonder if I am harboring a secret.
6. In cases where I treat several members of a family (parents and children or other relatives) the confidentiality situation can become very complicated because I would have a mixture of responsibilities to different members. At the start, we must clarify the purpose of our treatment and my role in regard to your family or families. Only with this clarity can we figure out any limitations on confidentiality which might exist. It is generally recommended to have different therapists so as to avoid this confusion.
7. If you and/or your spouse have a custody agreement or a court custody hearing, it would be advisable for you to let me know about it.

Any information which you share outside of therapy, voluntarily and publicly, will not be considered protected or confidential by a court.

I will not record our therapy sessions on audiotape or videotape without your written permission.



Christine Leonard LPC-A, LAC-A, NCACII, AADC, SAP, CS-IP
P.O. Box 526
Graniteville, SC 29829
(P) 803-634-2926 (F) 706-305-4993
(E) info@fullcircleconsultingsc.com

I also request that if you want to record your sessions, this be done in the open.

You have also received a HIPAA Notice of Privacy Practices either in written or electronic form. By signing this document, you acknowledge receipt and agreement with the terms of this document.

It may become useful during the course of treatment to communicate by phone, email, text message (e.g. "SMS"), fax or other electronic methods of communication. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with me, there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

1. People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages.
2. Your employer, if you use your work email to communicate with me,
3. Third parties on the Internet such as server administrators and others who monitor Internet traffic.

If there are people in your life that you don't want accessing these communications, please talk with me about ways to keep these kinds of communications safe and confidential. There are ways to encrypt communications. Otherwise, by signing this document, you agree that you are knowledgeable of these limitations and agree to the risks of using this type of communication.

If you want me to send information about our therapy to someone else, you must sign a Release of Records form. I have such forms which you can review should you so desire.

As you can see, the laws and rules on confidentiality are complicated; however, you should now have enough information to enter treatment well-informed. Also, while complications not dealt with here rarely come up in my practice, please bear in mind that I am not able to give you legal advice. If you have special or unusual concerns and need more specific advice, I strongly suggest that you talk to an attorney to protect your interests legally.

Scheduling, Cancellations and No Shows

I understand that appointments are scheduled directly with my therapist. The frequency and duration of sessions will be discussed at my initial appointment and agreed upon by myself and



Christine Leonard LPC-A, LAC-A, NCACII, AADC, SAP, CS-IP
P.O. Box 526
Graniteville, SC 29829
(P) 803-634-2926 (F) 706-305-4993
(E) info@fullcircleconsultingsc.com

my therapist. I understand after discussing with my therapist, I can request to increase or decrease my sessions.

I understand each session is scheduled including time to make payment for the session, as well as scheduling the next session. I understand that if I am 10 minutes late, my session will be marked as a do not show, and I will be charged the fee agreed upon for cancellations within less than 24 hours or no shows.

Fees

I acknowledge I have received the Agreement to Pay for Professional Services that documents the fees associated with the therapy services I intend to receive and general fees that may apply to my situation.

Consent for Services

1. I have received, read, and understand the Consent for Treatment and Privacy Policy.
2. I understand that I am voluntarily seeking professional psychotherapy services.
3. I understand that I have the right to choose services and terminate services at any point.
4. I understand that there are no guarantees in terms of outcomes, and there are risks and benefits to psychotherapy.
5. I understand my rights and responsibilities as a client and my therapist's responsibilities to me under HIPAA.
6. I understand that I am financially responsible to this office for all payments and charges.
7. I understand that my card on file may be charged for no-show sessions.
8. I understand that payment is due at the time of session and should I not have payment, my card on file will be charged.
9. I have received, read, and understand the above Informed Consent and Notice of Privacy Practices.

The signatures here attest to the fact that we each have read, discussed, understand and agree to abide by the points presented above.

Client's Signature

Date

Therapist's Signature

Date



Christine Leonard LPC-A, LAC-A, NCACII, AADC, SAP, CS-IP

P.O. Box 526

Graniteville, SC 29829

(P) 803-634-2926 (F) 706-305-4993

(E) info@fullcircleconsultingsc.com