



## **Confidentiality**

Information revealed during the course of therapy and your therapy record are both considered confidential information and will be held in the strictest of confidence, in accordance with federal law. Information will not be released to insurance carriers, other professionals, family, friends, employers, etc. without your expressed written consent.

There are, however, limitations to confidentiality, when a counselor is required by law to disclose confidential information without your consent in certain circumstances which may include, but may not be limited to, the following:

### **Duty to Warn and Protect**

If you disclose a plan or threat to harm yourself, I must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, I am required to warn the possible victim and notify legal authorities.

### **Abuse or Neglect of Children and Vulnerable Adults**

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.

- Any sexual activity between a minor and an adult must be reported. This includes pornography involving a child.
- Any sexual activity between a child and a child who is three years older than the younger child must be reported.
- When I told about sexual exploitation by a previous therapist or health professional, I am obligated to report such behavior

### **Prenatal Exposure to Controlled Substances**

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

### **When court ordered by a judge**

### **Extra Security**

I take your confidentiality very seriously and take active measures to ensure that your Protected Health Information (PHI) remains confidential. You are protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law ensures the confidentiality of all electronic transmission of information about you. Electronically transmitted information includes special safeguards to increase confidentiality.

I use Encryption software on my computer to protect my files and emails. I use iPlum for calling and texting. HIPAA and HITECH security is a process for the healthcare, insurance, medical, and therapy industries. The iPlum app offers HIPAA compliant secure communications including HIPAA compliant calling, HIPAA compliant text messaging, and HIPAA secure voicemail. I use TherapyNotes for case files and billing. Their fully-encrypted database, powerful firewalls, and regular onsite and offsite backups ensure that your records are safe.



RESTORE THERAPY AND WELLNESS, PLLC

## More About Confidentiality:

### Minors/Guardians and Parents

Parents or legal guardians of non-emancipated minor clients have the right to access the client's records. While privacy in therapy is crucial to successful progress, parental involvement can also be essential. I do not provide treatment to a child under thirteen unless she or he agrees that I can share information I consider necessary for therapeutic progress or safety with a parent or guardian.

For adolescents 13 and older, I request an agreement between the client and the parents allowing me to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's agreement, unless I feel there is a safety concern (see also above section on Confidentiality for exceptions), in which case I will make every effort to notify the child of my intention to disclose information ahead of time.

### Consultation

I regularly meet with other professionals in order to aid in the therapeutic process and provide the best possible care. Identifying information will be withheld unless written permission is given. Release of information to other individuals, agencies, or professionals may only occur with your written consent.

### Insurance Providers

Insurance companies and other third-party payers are given information that they request regarding services to the clients. The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc. This information will be released with a written consent.

### Recording Devices

I do not utilize, nor permit clients to utilize any form of recording devices in sessions. If they may be beneficial for the client, a written consent will be required.

### Public

If you see me in public, I will protect your confidentiality by acknowledging you only if you approach me first.

### Confidentiality in Case of Infection

If a client has tested positive for COVID-19, Restore Therapy and Wellness, PLLC may be required to notify local health authorities about our contact. If it is reported, only the minimum information necessary for data collection will be given. By signing this form, you are agreeing that I may do so without an additional signed release.