

# Theresa Price Aaron, L.C.S.W.

700 Harris Street, Suite 201B

Charlottesville, VA 22903

(434) 220-4611

## Confidentiality and Its Limits

As a general rule, I will disclose no information obtained during your therapy with me, or the fact that you are my client, except with your written consent. However, if I believe that you are in imminent risk for harming yourself, or someone else, I will disclose information to the extent needed for insuring your safety or the safety of others. If I believe that your health is endangered, or that you are in a medically precarious state, I will potentially disclose this information. Other possible exceptions to confidentiality include the following:

**Virginia Law:** I am legally required to release patient information to others in certain circumstances, including the following:

### Reporting Requirements:

1. Child Abuse: Suspicion of abuse or neglect of a child must be reported to the Virginia Department of Social Services.
2. Adult and Domestic Abuse: If I have reason to suspect that an elderly or incapacitated adult is being abused, neglected or exploited, I will, by policy, make a report and provide relevant information to the Virginia Department of Social Services.
3. Health Oversight: Virginia law requires that I report misconduct by a health care provider of other professions. I am also required by law to explain to you how to make a report. If you are yourself a health care provider, I am required by law to report that you are in treatment if I believe that your condition places the public at risk. Virginia Licensing Boards have the power necessary to subpoena relevant records.

**Duty to Warn:** If I am engaged in my professional duties and you communicate to me specific and immediate threat to cause serious bodily injury or death to an identified or identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I must take steps to protect third parties. These precautions may include (1) warning the potential victim(s) or the parent or guardian of the potential victim(s), if under 18; or (2) notifying a law enforcement officer. I may also use and disclose medical information about you when necessary to prevent an immediate, serious threat to your own health and safety.

**Court Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and records thereof, such information is privileged under state law, and I will not release information without your written authorization. If I receive a subpoena that has been properly served for records or testimony, I will notify you so you can file a motion to quash (block) the subpoena. If you do not move to quash the subpoena, I will do so. However, in both cases I am required to place said records in a sealed envelope and provide them to the Clerk of the Court of the appropriate jurisdiction so that the court can determine whether records should be released. In Virginia, the privilege does not apply in child abuse cases, in cases in which your mental health is an issue, or in any case in which the judge deems the information to be necessary. In Virginia, parent's therapy records are privileged in child custody cases, but a child's records do not have the same protection. Virginia has no statute granting therapist-patient privilege in criminal cases. The protection of privilege also does not apply in a court-ordered evaluation of you.

**Workers Compensation:** If you file a claim, I am required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

**Other Legally-Allowed Access to Patient Records:** Circumstances in which Virginia Law might allow others to obtain access to information or records about you include (but may not be limited to) the following: Protective Service Workers to whom someone has reported suspicion or abuse or neglect, if they so request; Court-Appointed Special Advocates (CASA Volunteers) in child abuse/neglect proceedings, if the court so orders; and clinicians evaluating a minor for involuntary commitment to inpatient treatment. If you are under 18 years of age, Virginia Law allows your parents to request information and/or records related to your treatment. In all such cases, if records are requested I make every effort to attempt to limit the information by substituting an oral or written report.

**Office Policies:** If I must be away from the office for extended periods of time, a colleague will take emergency calls and may need information about you in order to be prepared to assist you in my absence. You and I will discuss that plan in advance, but I reserve the right to provide sufficient information for insuring continuity of care in my absence, and this may include providing your first name for identifying your call. To insure I am providing quality care, I sometimes meet with a consultant. In so doing, I do not reveal identifying information about my patients.

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## **Acknowledgement of Receipt of Notice of Privacy Practices**

Please sign and print your name, and date this acknowledgement form

I have been provided a copy of the Notice of Privacy Practices that will apply to services provided by Theresa Price Aaron, L.C.S.W. I accept the described limits of confidentiality as a condition of receiving those services

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

Printed Name: \_\_\_\_\_

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