Confidential Responsibility: Including Notice of Privacy Practices, Informed Consent and Protected Health Information

Counseling is confidential. Information obtained during counseling sessions will not be disclosed to any outside persons or agencies without your written permission, except when required by law. Examples of these would include; where there is reasonable suspicion of abuse or neglect of a child or elderly persons, where the client presents a serious danger of violence to self /another; where the client is likely to harm him/herself or others unless protective measures are taken; where the client discloses that they have a disease commonly known to be communicable and/or life threatening.

Disclosure to a third party, for example, insurance companies or other professionals, will only be obtained through your authorization. Also, if I were subpoenaed by a court of law to release confidential information, I would inform you before disclosing any information and in such a situation would only provide information requested and essential.

I may discuss our counseling session/sessions with other colleagues as a way to better handle a condition or as a way to better approach an issue. I would not divulge a name or any identifiable information.

If ever we were to see each other in a social setting, for example at the shopping mall or grocery store. I would let you approach me, ensuring your right to confidentiality. I would not greet you unless you greet me first.

Good record keeping is part of quality care. It is my responsibility to store hard copy records in a safe, locked place that is protected from theft, intrusion, fire, earthquake, water damage and unauthorized access. Records are securely retained for seven years after our therapeutic relationship is over. Records reflect the work that is being done. In addition, recorded documents display the process being made throughout our sessions together.

You have the right to see your records.

I understand that this agreement is legal and binding from the date of my signature until the termination of counseling. I certify that I understand the form content.

_____ _____

Signature of Client Date

_____

Signature of Parent/Legal Guardian if client is under 18 years of age

_____ _____

Tamara Siegel, MA, LPC Date