

Gill Counseling & Consulting, LLC

Karen R. Gill, LCSW

2025 E. Main Street, Ste. 200

Richmond, VA 23223

Telephone 804.343.9786/ Fax 804.343.0004

Informed Consent/Disclosure Statement

This notice involves your privacy rights and describes how information about you may be disclosed, and how you can obtain access to this information. Please review it carefully.

Therapy is a relationship that works because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client, you have certain rights that are important for you to know about because this is *your* therapy. There are also certain limitations to those rights that you need to be aware of. As a therapist, I have corresponding responsibilities to you. The success of our work together depends on the quality of the efforts on both our parts and the realization that you are responsible for lifestyle choices/changes that may result from therapy.

I. Confidentiality

As a rule, I will disclose no information about you, or the fact that you are my patient, without your written consent. I maintain records for each session that highlights important information and observations. If you prefer that I keep no records, you must give me a written request to this effect for your file and I will only note that you attended therapy in the record. In such a situation, your sessions are likely not going to be covered by your health insurance company.

Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operation purposes. However, I do not routinely disclose information in such circumstances, so I will require your permission in advance, either through your consent at the onset of our relationship (by signing the attached general consent form), or through your written authorization at the time the need for disclosure arises. You may revoke your permission, in writing, at any time.

If you believe your rights to privacy have been violated, you have the right to voice these concerns/complaints to your therapist, Karen Gill, LCSW. You also have the right to make a complaint to the Office for Civil Rights, DHHS, 150 Independence Mall West, Ste. 372, Philadelphia, PA 19106-3499 (215) 861-4441; (215) 861-4440 (TDD); (215) 861-4431 FAX

II. Limits of Confidentiality: Possible uses and disclosures of Mental Health Records without consent or authorization

There are some important exceptions to this rule of confidentiality. If you wish to receive mental health services from me, you must sign this form indicating that you understand and accept my policies about confidentiality and its limits. We will discuss these issues now, but we may reopen the conversation at any time during our work together.

I may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy or because of legal requirements:

- If you are involved in a life-threatening emergency and I cannot ask your permission, I will share information I believe you would have wanted me to share, or if I believe it will be helpful to you.
- If I have reason to suspect that a child is abused or neglected, I am *required* by Virginia law to report the matter immediately to the Virginia Department of Social Services.
- If I have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, I am required by Virginia law to immediately make a report and provide relevant information to the Virginia Department of Welfare or Social Services.

- If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
- Virginia law requires that licensed social workers report misconduct by a health care provider of their own profession. By policy, I also reserve the right to report misconduct by health care providers of other professions. By law, if you describe unprofessional conduct by another mental health provider of any profession, I am required to explain to you how to make such a report. If you are yourself a health care provider, I am required by law to report to your licensing board that you are in treatment with me *if* I believe your condition places the public at risk. Virginia Licensing Boards have the power, when necessary, to subpoena relevant records in investigating a complaint of provider incompetence or misconduct.
- If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof
 - such information is privileged under state law, and I will not release information unless you provide written authorization or a judge issues a court order.
 - If I receive a subpoena for records or testimony I will notify you so you can file a motion to quash (or block) the subpoena.
 - However, while awaiting the judge's decision, I am required to place said records in a sealed envelope and provide them to the Clerk of Court.
 - In Virginia, parent's therapy records may not be used as evidence (i.e. are privileged) in child custody cases, but a child's records do not have that same protection.
 - In civil court cases, therapy information or records are not protected by patient-therapist privilege 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 for the proper administration of justice.'
 - In criminal cases, Virginia has no statute granting therapist-patient privilege, although records can sometimes be protected on another basis. Protections of privilege may not apply if I do an evaluation for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
- *When I am out of the office, I take call for myself, and can be reached outside of business hours as needed. If, however, you are in imminent danger of hurting yourself, and if I am unable to get back to you, please go to your nearest emergency department or call 911.*

Treatment Consent and Confidentiality

I, _____, do voluntarily consent to care and treatment by Karen R. Gill, LCSW. I have read the informed consent and agree to the terms outlined in that document. I understand that if I choose to use my health care insurance for payment of services, confidentiality may be waived and that information about this treatment may be shared in order to have sessions authorized and/or reimbursed.

I understand that information regarding my treatment will be released only with a signed release of information except in instances of imminent danger to self or others, court subpoena, or when Virginia State Law requires report of child or elder abuse, neglect, exploitation, or intent to harm another.

Signature

Date