



Phone: 845-551-2942

TERMS OF CARE / CONFIDENTIALITY

Please read the following document carefully, as it contains important information regarding the treatment you and/or your family will receive in this office. After careful review, please sign your acknowledgement of Kayla Diorio, LCSW's policy and procedures. The information that you share with Kayla Diorio is held in the strictest confidence and may not be released to anyone without your written consent, as prescribed by law. There are a few exceptions to this which are also regulated by State Law:

Duty to Warn and Protect: When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults: If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or that a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances: Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors / Guardianship: Parents or legal guardians of non-emancipated minor clients (under age 18) have the right to access clients' records.

Insurance Providers (when applicable): Insurance companies are given information that they request regarding services to clients. This may include types of services, dates/times of service, diagnosis, treatment plan, and description of impairment, progress of therapy and intake/discharge summaries.

These above situations rarely occur and are the *only* exceptions to otherwise 100% confidentiality of what you talk about during therapy. Information subpoenaed by a valid court order is usually not protected by this limit on confidentiality.

Upon signing consent to release information, you are encouraged to discuss the amount type, and purpose of information to be released if you have any concerns in this area. Kayla Diorio, LCSW's policy is to allow you to maintain the highest possible level of confidentiality.



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NOTICE OF PRIVACY PRACTICES

This abbreviated notice on the following page describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

MY DUTIES: I am required by law to maintain the privacy of your medical information and to provide you with notice of any legal duties and privacy practices. I am required to abide by the terms of the Notice of Privacy Practices currently in effect.

USES AND DISCLOSURES

Treatment: Your health information may be used by me or disclosed to other health care professionals for the purpose of evaluating your mental health, physical health, diagnosing your condition, and providing treatment.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as automobile insurers, third party non-profit organizations that may cover your bill, or from credit card companies that you may use to pay for services. For example, your health plan may request information on dates of service, the services provided, or the medical condition being treated.

Health Care Operations: Your health information may be used as necessary to support the day-to-day activities and management of my practice. For example, information on the services you receive may be used to support financial reporting and activities to evaluate and promote quality.

Law Enforcement / Litigation: I may disclose your health information to law enforcement agencies as required by law or in response to a court order of subpoena.

Public Health Reporting: Your health information may be disclosed to public health agencies as required by law. For example, physician's offices are required to report certain communicable diseases to the state's public health department.

Worker's Compensation: I may release your information to Worker's Compensation agencies in the event your illness or injury may be related to work.

Military / Veterans: If you are a member of the armed forces or a veteran, I may release your information as required by military command authorities.

Child Protective Services: I may release your information to Child Protective Services or law enforcement agencies if the welfare of a child may be in jeopardy.



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OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of your authorization. However, your decisions to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified this office of your decision.

PATIENT RIGHTS

Requesting Restrictions: You may ask me to limit my use of disclosure of your protected health information. I am not required to agree to your request, but I will agree to it, I will abide by your request except as required by law, in emergencies, or when the information is necessary to treat you. Your request must 1) be in writing, 2) describe the information that you want restricted 3) state if the restriction is to limit my use or disclosure 4) state to when the restriction applies. You may revoke your restriction at any time by contacting me.

Confidential Communications: You may ask that I communicate with you in a particular way, or at a certain location, to maintain your confidentiality. Your request must be in writing, tell me how you intend to satisfy your financial responsibility, and specify an alternate way that I can contact you confidentially. You do not have to give a reason for your request. You may revoke your request at any time by contacting me. Please note that e-mail is not guaranteed as a confidential means of communication. Any e-mail communication sent to my office should have **confidential** in the subject heading but, I am unable to guarantee complete confidentiality of e-mail communication.

Inspect and Copy: You may request access to inspect and receive a copy of your assessment, diagnosis, and treatment plan from this office, unless the law restricts it or it's against my professional judgement to share it with you. Your request must be in writing. I will act on your request for copies within 30 days. After I get it. There is a fee for the copies of your records and the postage incurred.

Amendment: You may ask me to amend your health information if you believe that it is incorrect or incomplete.

Accounting: You have the right to obtain an accounting of how and to whom your protected health information has been disclosed.

Printed Copy: You are entitled to receive a paper copy of my Notice of Privacy Practices.

Filing a Complaint: If you believe that I have violated your privacy rights, you should call the matter to my attention. This is your right and it is important that you feel comfortable to address these concerns.



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RIGHT TO REVERSE PRIVACY PRACTICES

As permitted by law, I reserve the right to amend or modify my privacy policies and practices. These changes in my policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, I will provide you with a revised notice on the next office visit. The revised policies and practices will be applied to all protected health information that I maintain.