



## Libby Rooney Counseling, LLC

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### Confidentiality Information

It is my policy and desire to protect the rights of my clients to confidentiality as defined in State and Federal statutes. Fax transmissions and phone calls are not HIPAA (Health Insurance Portability and Accountability Act, 1996) compliant. Notes that were taken pertaining to sessions are kept secure and released only with client permission. These notes will be kept on a tightly secure database that only I will have access to. Notes will be kept for 6 years following termination of treatment. There may be a need to fax or email diagnostic or other basic information regarding the client to a simultaneous caregiver, insurance company, or other. Please indicate below your response.

\_\_\_\_\_ I authorize the fax and email transmission of information from my records.

\_\_\_\_\_ I DO NOT authorize the fax and email transmission of information from my records.

Occasionally I may use a cell or cordless phone to return a call. Due to the potential broadcasting frequencies of some such types of phones, such calls cannot be guaranteed to be 100% secure. Please indicate below whether you wish to give permission for me to speak with you on such a phone.

\_\_\_\_\_ I authorize phone calls to me by cell and/or cordless phones.

\_\_\_\_\_ I DO NOT authorize phone calls to me by cell and/or cordless phones.

Often email messages may be used in therapy. Please indicate below whether you wish to give permission for me to use email messages or not.

\_\_\_\_\_ I authorize the use of email messages.

\_\_\_\_\_ I DO NOT authorize the use of email messages.

\_\_\_\_\_  
Client or Legal Custodial Parent/Guardian Signature

\_\_\_\_\_  
Date