

LIMITS OF CONFIDENTIALITY

In general, the law protects the privacy of all communications between a client and a Health Professional (HP). In most situations, we can only release information about your treatment to others if you sign a written authorization form. There are other situations that require only that you provide written, advance consent. Your signature below provides consent for those activities, as follows:

- Your HP may also occasionally find it helpful to consult with other professional staff members about a case. If you don't object, your HP will not tell you about these consultations unless he or she feels that it is important to your work together. Your HP will note all consultations in your clinical record.
- In addition, we need to share protected information with administrative staff for both clinical and administrative purposes, such as scheduling, billing, and quality assurance. All staff members have been given training about protecting your privacy and have agreed not to release any information outside Fetter Health Care Network, INC. without the permission of a professional staff member.

There are some situations where we are permitted or required to disclose information either with or without your consent or authorization:

- If you are involved in a court proceeding and a request is made for information concerning your treatment, we cannot provide such information without your (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order your HP to disclose information.
- If a government agency is requesting the information for health oversight activities, we may be required to provide it for them.
- If a client files a complaint or lawsuit against a HP, we may disclose relevant information regarding that client in order to defend the HP.
- If a client files a worker's compensation claim, we must, upon appropriate request, provide a copy of the client's record or a report of her/his treatment.

There are some situations in which the HP is legally obligated to take actions which she or he believes are necessary to attempt to protect others from harm, and we may have to reveal some information about a client's treatment. If such a situation arises, your HP will make every effort to fully discuss it with you before taking any action and will limit disclosure to what is necessary.

- If your HP has reason to believe that a child or vulnerable adult is being neglected or abused, the law requires that the situation be reported to the appropriate state agency.
- If the HP believes you present a clear and substantial danger of harm to yourself or another/others, he or she will take protective actions. These may include contacting family members, seeking hospitalization for you, notifying any potential victim(s), and notifying the police. While this summary is designed to provide an overview of confidentiality and its limits, it is important that you read our Notice of Privacy Practices for more detailed explanations and discuss any questions you may have with your HP.

I have read and understand the above-stated limitations to confidentiality. I accept the subsequent ramifications should there be a need to act on one of the above stated exceptions. Other than the noted exceptions, if there are reasons to disclose my protected confidential information, I understand that I will be provided a Release of Information form.

Patient/Guardian Signature: _____ Date: _____