

**NOTICE OF PRIVACY PRACTICES AND CONFIDENTIALITY**

This form describes the privacy of your medical records, how the information is used, your rights, and how you may obtain this information.

I am required by law to provide you with this notice informing you of my privacy practices and your rights. I am required to abide by these practices until they are revised or changed. I have the right to revise these privacy practices for all records, and any changes in this notice will be made available upon request prior to any changes.

The contents of material disclosed to me in an evaluation, intake or therapy sessions are covered as private information. I respect the privacy of the information you provide and abide by ethical and legal requirements of confidentiality and privacy of records.

Use of Information and Confidentiality

Information about you may be used for assessment, treatment planning and continuity of care. My goal is to provide a safe place for you to openly explore personal and relationship issues. As such, I am committed to guarding your right to privacy, within the limits of the law. There are certain situations in which a therapist is required by law to reveal information obtained during therapy. Required disclosure will occur in the following circumstances:

- When a suspicion of abuse and/or neglect of a child or vulnerable adult is present, a report will be made to appropriate protective agencies.
- When you threaten bodily harm to others, a report will be made to the appropriate authorities, as well as to those you have threatened.
- When you are suicidal or threaten significant bodily harm to yourself, I will obtain help from others in your life, such as family members and members of your treatment team, to do what is necessary to keep you safe.
- When a court of law issues a legitimate court order.

Except in the above circumstances, I will release information about you only if you provide a written request. Releases of information for families and couples in therapy require the written permission of every participating member in treatment able to execute a waiver.

Your Rights

You have the following rights as they apply to your personal client file. Please note that all requests must be made in writing and contain an original signature.

- You have the right to request to review or receive a copy of your file. The charge for a copy of your file is \$1.00 per page, plus postage. If your request is denied, you will receive a written explanation of the denial.
- You have the right to cancel a release of information.
- You have the right to request to restrict what information may be disclosed to others. If your request for restrictions is denied, you will receive a written explanation of the denial.
- You have the right to request by what means you would like information about you communicated to others.

- You have the right to disagree with the information in your file. You may request that this information be amended. Although I may not agree to amend the information, you have the right to provide a statement of disagreement that will be placed in your file.
- You have the right to know what information in your file has been provided to whom.

The signatures below indicate that all participating members of therapy understand the meaning, nature, and limits of confidentiality and privacy practices as set forth above.

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Signature

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Date

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Signature

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Date

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Signature

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Date

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Therapist Signature

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Date