



## Notice of Privacy Practices and Confidentiality

*PD Consulting follows* the privacy provisions of state and federal law. You have the right to know the policies, practices, and limitations of the privacy of the information that you share with us. Your treatment record will be stored in a locked cabinet or computer which is protected from unauthorized access. It is accessible only to our staff, and only on an as needed basis. Your treatment record may include your diagnosis and information supporting your diagnosis (assessments, history, and prior treatment), treatment plan, progress notes, psychological test reports, psychiatric and other medical reports, a closing summary, payment records, and any other information that you provide or that is obtained with your permission during our work together.

If you are receiving services from other health care professionals, we will need to routinely confer with them about your treatment and progress for the purpose of coordinating your care. At times, we may also seek out professional consultation about some aspect of our work with you. Usually, it will not be necessary to share identifying information with the consultant(s). The consulting professional(s) must also abide by applicable laws and ethics and protect your confidentiality in all cases.

Other than the routine disclosures noted above which are necessary to perform treatment services on your behalf, no information will be released to any other persons or agencies without your written authorization, except when permitted by law. If

someone requests information from us or from your records, your permission on a special "Authorization to Exchange Protected Health Information" form is necessary. Before giving permission, satisfy yourself that the information is really needed, that you understand the information being sent out, and that giving the information will help you. You have the right to approve or refuse the release of information to anyone, except as required by law. In addition, no audio or video recording of a treatment session can be made without your written permission.

In order to maintain your confidentiality in the event that we encounter each other in public, we will not acknowledge you unless you first acknowledge us.

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### **Minors Right to Privacy**

A parent/legal guardian has a right to receive general information about a minor child's treatment, except where otherwise stated by law (please see "Exceptions" below). At **PD Consulting**, we promote open communication between children and parents; however, there are times when a minor child in therapy will request that certain information not be shared. Parents are encouraged to understand the importance of confidentiality within the therapeutic relationship, and to trust that the therapist is working with your child to resolve this issue, as well as working with them to feel more comfortable sharing this information with you.

### **Release of Records for Couples/Family Therapy**

When people are seen in conjoint therapy, all adults involved in therapy may be required to consent before records may be released.

### Exceptions to Confidentiality

There are specific situations in which a therapist in the state of California is mandated or permitted by law to reveal information obtained during therapy to another person(s) or agencies without your permission. If one of these situations occur, the therapist is not **required** by law to inform you of the reporting action. However, in the interest of open communication and trust within the therapeutic relationship, we will make every effort to inform you if it is appropriate and safe to do so.

The following are exceptions to confidentiality that we are **REQUIRED** by law to make:

1) **Danger to Others:** If a therapist believes that a client is threatening serious bodily harm or death to a reasonably identifiable other, we are required to take protective actions, which may include notifying the potential victim(s), notifying the police, and possibly seeking appropriate hospitalization.

2) **Child & Elder/Dependent Adult Abuse:** If a therapist has knowledge of, or reasonable cause to believe that a child or dependent adult is being neglected or abused, we are required by law to report such abuse or neglect to appropriate authorities. For children, this includes past abuse or neglect.

3) **Crimes Involving Hospitalized Patients:** If a therapist has knowledge of abuse or a crime perpetrated against a hospitalized client, we are required by law to report such information to the appropriate law enforcement agencies.

4) **Court Order:** A therapist is required to release

information from your records and/or provide testimony about your treatment when presented with a valid court order.

5) **National Security:** A therapist may be required to disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials. By law, I cannot let you know when I have disclosed such information to the government.

The following are exceptions to confidentiality that we are PERMITTED by law to make:

1) **Treatment Emergencies:** In order to protect you from immediate physical harm in the case of an emergency, a therapist may need to disclose information relevant to your immediate care (e.g., prescribed medications you may be taking, illicit drug use that could have an impact on the medical treatment).

2) **Safety Emergencies:** If a client threatens to harm himself/herself, is of himself/herself, hospitalization if a client threatens to harm and danger to self, or is unable to take care of him/herself, a therapist may be required to seek the client, or to contact family members or others who can help provide protection.

3) **Quality Assurance:** In the event that *PD Consulting* is asked review by a professional standards committee ensuring the quality of care we provide to you, we may have to share your records.

4) **Collection of Overdue Payments:** In the event of failure to pay overdue balances in a reasonable amount of time

(90 days), we may need to provide relevant information to small claims court.

5) **Legal Proceedings:** In most judicial proceedings (court of law, deposition, administrative hearing, etc.), you have the right to prevent me from providing any information about your treatment, which is termed "privileged communication." However, there are legal exceptions where no privilege exists or is waived. One example of this is when a client has been court-ordered to receive treatment services and routine progress reports are required. If a client's mental or emotional state or competency to participate in a legal proceeding is in question, we may be required to release information. Also, legal actions initiated by a client or client's estate (e.g., child custody hearing, lawsuit, grievance hearings regarding therapeutic services), may require our disclosure of certain information. Privilege also does not exist if a client poses a danger to self, others, or others' property, or is attempting to hide civil or criminal wrongdoings (previous or future) from the court by seeking therapeutic services. Finally, privilege does not exist when a client is under the age of sixteen (16) years old and has been the victim of a crime.

6) **Therapist's Unexpected Occurrences:** In the event that your therapist is temporarily or permanently incapacitated, or in the event of a therapists' unexpected death, a professional colleague, who is also a licensed clinician, is designated to handle professional matters. In order to ensure continuity of your treatment, this person will have access to your records and your contact information if necessary and appropriate.

### **Access to Your Records**

You have the right to review your records at your request (excluding psychotherapy notes), unless a therapist determines that seeing them would be detrimental to you. If this is the case, a summary will be available to you. The therapist will assist you in understanding your written records by being available to answer questions and to explain the meaning of any diagnoses, test scores and technical terminology. You may inform your therapist if any inaccuracies exist in the information in your file, and you may provide a written amendment, which will be placed in your file.

*PD Consulting* records retention policy is as follows: The complete record will be retained for at least seven (7) years. Either the complete record or a summary of the record will be retained for an additional eight (8) years. The retention time period begins from the date of the last visit or service. [For minors, complete records will be kept at least until they reach the age of twenty-one (21), and not less than seven (7) years after the date of their last service.] At the end of the retention period, the record will be entirely destroyed, unless you request otherwise or it seems necessary that records will be needed after that time (e.g., legal reasons).

### Acknowledgment of Receipt of Notice of Privacy Practices

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parent/Guardian's Name (if client

is a minor): \_\_\_\_\_

By signing below, I hereby acknowledge receipt of the Notice of Privacy Practices for *PD Consulting*. \_\_\_\_\_

Signature of client Date \_\_\_\_\_ Signature of

client Date \_\_\_\_\_ Signature Parent/Guardian  
(minors only) Date

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----- For therapist use only:

Date: \_\_\_\_\_

(Therapist) \_\_\_\_\_ has made good faith efforts to obtain written acknowledgement of receipt of the Notice of Privacy Practices, but has been unable to obtain it. The following efforts were made:

\_\_\_\_\_  
\_\_\_\_\_

The written acknowledgment was unable to be obtained for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Therapist Signature Date