**Notice of Privacy Policies: Child or Adolescent Counseling and Psychotherapy**

THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**Confidentiality**

As a rule, I will disclose no information about you, or the fact that you are my client, without your written consent. My formal Mental Health Record describes the services provided to you and contains the dates of our sessions, a general statement of the concerns addressed, your functional status, symptoms, and progress. Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operations purposes. However, I do not routinely disclose information in such circumstances, so I will require your permission, as well as the permission or your parent or guardian in advance, either through consent at the onset of our relationship (by signing the attached general consent form), or through written authorization at the time the need for disclosure arises. You, your parents, or your guardian may revoke such permission, in writing, at any time, by contacting me.

**Limits of Confidentiality**

There are some important exceptions to this rule of confidentiality – some exceptions created voluntarily by my own choice, some because of policies in this office/agency, and some required by law. If you wish to receive mental health services from me, you, and your parents, or guardians must sign the attached form indicating that you understand and accept my policies about confidentiality and its limits.

I may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy, or because legally required:

· **Emergency**: If you are involved in in a life-threatening emergency and I cannot ask your permission, I will share information if I believe you would have wanted me to do so, or if I believe it will be helpful to you.

· **Child Abuse Reporting**: If I have reason to suspect that a child or adolescent (you as my client, or any other child or adolescent that you may mention) is abused or neglected, I am required by Tennessee law to report the matter immediately to the Tennessee Department of Social Services.

· **Adult Abuse Reporting**: If I have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, I am required by Tennessee law to immediately make a report and provide relevant information to the Tennessee Department of Welfare or Social Services.

· **Health Oversight**: Tennessee law requires that licensed counselors report misconduct by any mental health care provider. By law, if you describe unprofessional conduct by another mental health provider of any profession, I am required to explain to you how to make such a report.

· **Court Proceedings**: If you are involved in a court preceding and a request is made for information about your treatment and the records thereof, such information is privileged under state law, and I will not release information unless you provide written authorization or a judge issues a court order. If I receive a subpoena for records or testimony, I will notify you, your parents, or your guardian so you can file a motion to quash (block) the subpoena. However, while awaiting the judge’s decision, I am required to place said records in a sealed envelope and provide them to the Clerk of Court. In civil court cases, therapy information is not protected by client-therapist privilege in child abuse cases, in cases in which your mental health is an issue, or in any case in which the judge deems the information to be “necessary for the proper administration of justice.” In criminal cases, Tennessee has no statute granting therapist-client privilege, although records can sometimes be protected on another basis.

· **Serious Threat to Health or Safety**: Under Tennessee law, if I am engaged in my professional duties and you communicate to me a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I am legally required to take steps to protect third parties. These precautions may include: 1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18, 2) notifying a law enforcement officer, or 3) seeking your hospitalization. By my own policy, I may also use and disclose medical information about you when necessary to prevent an immediate, serious threat to your own health and safety. If you become a party in a civil commitment hearing, I can be required to provide your records to the magistrate, your attorney, your parents or guardian ad litem, a CSB evaluator, or law enforcement officer, whether you are a child, adolescent, or an adult.

· **Workers Compensation**: If you file a worker’s compensation claim, I am required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

· **Records of Minors**: Tennessee has a number of laws that limit the confidentiality of the records of minors. For example, parents, regardless of custody, may not be denied access to their child’s records; evaluators in civil commitment cases have legal access to therapy records without notification or consent of parents, or guardians, child, or adolescent.

**Communicating with your parent(s) or guardian(s)**:

Except for situations such as those mentioned above, I will not tell your parent or guardian specific things you share with me in our private sessions. This includes activities and behavior that your parent or guardian would not approve of — or would be upset by — but that do not put you at risk of serious and immediate harm. However, if your behavior becomes more serious, then I will need to use my professional judgment to decide whether you are in serious and immediate danger of being harmed. If I feel that you are in such danger, I will communicate this information to your parent or guardian. I will, however, always try to include you in this process.

Even if I have agreed to keep information confidential – to not tell your parent or guardian – I may believe that it is important for them to know what is going on in your life. In these situations, I will encourage you to tell your parent or guardian and will help you find the best way to tell them. Also, when meeting with your parents, I may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you.

[You should also know that, by law in Tennessee, your parent or guardian has the right to see any written records I keep about our sessions. It is extremely rare that a parent or guardian would ever request to look at these records.]

**Communicating with other adults**:

**School**: I will not share any information with your school unless I have your permission and permission from your parent or guardian. Sometimes I may request to speak to someone at your school to find out how things are going for you. Also, it may be helpful in some situations for me to give suggestions to your teacher or counselor at school. If I want to contact your school, or if someone at your school wants to contact me, I will discuss it with you and ask for your written permission. A very unlikely situation might come up in which I do not have your permission but both I and your parent or guardian believe that it is very important for me to be able to share certain information with someone at your school. In this situation, I will use my professional judgment to decide whether to share any information.

**Doctors**: Sometimes your doctor and I may need to work together; for example, if you need to take medication in addition to seeing a counselor or therapist. I will get your written permission and permission from your parent or guardian in advance to share information with your doctor. The only time I will share information with your doctor even if I don’t have your permission is if you are doing something that puts you at risk for serious and immediate physical/medical harm.

Other uses and disclosures of information not covered by this notice or by the laws that apply to me will be made only with your written permission.

**Client’s Rights and Provider’s Duties**

· **Right to Request Restrictions:** You, your parents, or guardians have the right to request restrictions on certain uses and disclosures of protected health information about you. You, your parents, or your guardian also have the right to request a limit on the medical information I disclose about you to someone who is involved in your care or the payment for your care. If the request is made for me to disclose information to another party, you, your parents, or your guardian may request that I limit the information I disclose. However, I am not required to agree to such a restriction. To request restrictions, the request must be made in writing, and tell me: 1) what information you, your parents, or your guardians want to limit; 2) whether you, your parents, or your guardians want to limit my use, disclosure or both; and 3) to whom you, your parents, or your guardians want the limits to apply.

· **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations**: You, your parents, or your guardians have the right to request and receive confidential communications of protected health information (PHI) by alternative means and at alternative locations. (For example, you, your parents, or your guardians may request that I do not leave voice mail messages)

· **Right to an Accounting of Disclosures**: You, your parents, or your guardians generally have the right to receive an accounting of disclosures of PHI for which there has been no consent, nor authorization. Upon written request, I will discuss the details of the accounting process.

· **Right to Inspect and Copy**: In most cases, you, your parents, or your guardians have the right to inspect and copy your medical and billing records. To do this, a request must be submitted in writing. If you, your parents, or your guardians request a copy of the information, I may charge a fee for costs of copying and mailing. I may deny the request to inspect and copy in some circumstances. I may refuse to provide access to certain counseling and psychotherapy notes or to information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative proceeding.

· **Right to Amend**: If you, your parents, or your guardians feel that PHI I have about you is incorrect or incomplete, a request may be made to amend the information. To request an amendment, it must be made in writing, and submitted to me. In addition, you, your parents, or your guardians must provide a reason that supports the request. I may deny the request if you ask me to amend information that: 1) was not created by me; I will add the request to the information record; 2) is not part of the medical information kept by me; 3) is not part of the information which you, your parents, or your guardians would be permitted to inspect and copy; 4) is accurate and complete.

· **Right to a copy of this notice**: You, your parents, or your guardians have the right to a paper copy of this notice. You, your parents, or your guardians may ask me to give you a copy of this notice at any time.

**Changes to this notice**: I reserve the right to change my policies and/or to change this notice, and to make the changed notice effective for medical information I already have about you as well as any information I receive in the future. The notice will contain the effective date. I will have copies of the current notice available on request.

**Complaints**: If you believe your privacy rights have been violated, you may file a complaint. To do this, you must submit your request in writing to my office. You may also send a written complaint to the state licensing board through which I have received my license.

EFFECTIVE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please sign, print your name, and date this acknowledgement form**.

I have been provided a copy of the Notice of Privacy Practices for Chris Nelson – Lacanian Psychoanalyst.

We have discussed these policies, and I understand that I may ask questions about them at any time in the future.

I consent to accept these policies as a condition of receiving mental health services.

Printed Name:

Signature:

Date:

**Parent/Guardian:**

Check lines and sign below indicating your agreement to respect your child or adolescent’s privacy:

\_\_\_\_\_I will refrain from requesting detailed information about individual sessions with my child or adolescent. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.

\_\_\_\_\_Although I know I have the legal right to request written records/session notes since my child or adolescent is a minor, I agree NOT to request these records in order to respect the confidentiality of my child or adolescent’s treatment.

\_\_\_\_\_I understand that I will be informed about situations that could endanger my child or adolescent. I know this decision to breach confidentiality in these circumstances is up to the therapist’s professional judgment and may sometimes be made in confidential consultation with her consultant/supervisor.

 Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

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