



Notice of Privacy Policies

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Confidentiality

Our sessions are held in strict confidence, meaning that I cannot and will not tell anyone else what you have told me in therapy, or that you are engaging in therapy with me, without your prior written consent. Thus, with the exception of the specific state laws described below, you have the absolute right to confidentiality.

As a mandated reporter, state law requires that I breach confidentiality under the following conditions. Please note that I will inform you if and when I think I will have to put these into effect.

- If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality to seek hospitalization, call the police or the county crisis team, or contact family members or others who can help provide protection. If this concern arises in therapy, I will help you explore all other options before I take this step. If at that point you are unwilling to take steps to guarantee your safety, I will perform one or more of the above actions.
- If you make a threat or I have good reason to believe that you will harm another person (including myself), I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
- If I have good reason to believe that you are abusing or neglecting a child or a dependent/elderly/incapacitated adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services and/or Adult Protective Services (the Alabama Department of Human Resources).
- If you are involved in a legal case and a request is made for information concerning your diagnosis and treatment, I will not disclose information without your (or your legal representative's) written authorization, a subpoena, or a court order. If I receive a subpoena or a court order, or a written authorization you signed for another professional, I will notify you first before I release any information.

You may request that I share your information with whomever you choose, and you can change your mind and revoke that permission at any time. I will always attempt to protect your privacy even if you authorize me in writing to share information about you. You can choose what type of information, or what specific information, you wish me to release. If you do wish me to release your information, you must authorize me to do so in writing. If you wish to revoke an authorization to release information you have previously signed, you must also do so in writing. Such revocation will stop me from sharing information further, although it won't affect any information that has already been shared.

For my own professional growth and development, and to ensure you the highest quality services, I regularly consult with other therapists in the form of supervision and/or consultation groups. During these times, I may discuss your situation, but I will do so without revealing your name and any other



identifying information in order to keep your confidentiality intact. In addition, the other professionals with whom I consult are bound to the same standards of confidentiality as me.

Because social media platforms and interactions are not confidential, I do not engage with clients on social media. Furthermore, I only use the official technology systems of my practice (phone number, email, and telehealth platform), which are HIPAA-compliant, to communicate with clients. I only use texting and email for scheduling or business purposes, not for therapeutic purposes. Please be aware that ALL communication and interaction between us becomes a documented and discoverable part of your therapy record, and subject to confidentiality laws and policies governing the release of health records.

Confidentiality with Couples and Families

During couple or family treatment, individual sessions are often necessary. While I will strive to provide some level of privacy regarding what is shared in those individual sessions, if you share something I think has the potential to impact the nature and course of the couple or family therapy you and your family members are engaged in, I will recommend that you share it with them, and will attempt to support you in making a plan for doing so as promptly as possible. While you may refuse to follow my recommendation on this, please be aware that I may choose to refer you and your family to another treatment provider or service if I deem continued couple or family therapy inadvisable under the circumstances.

Should a couple or family case record be subpoenaed or otherwise released, it will include information from all parties engaged in treatment, as the record belongs to the case and information about each person involved cannot, by law, be separated. Likewise, the authorized release of couple or family therapy records requires prior written authorization (i.e. signatures) from all individuals involved in treatment, even if the information being released is for one of the individuals involved in the case. All parties to the couple or family case will be notified of any requests for records before any information is released. I can give you more information about this, including my policies regarding my participation in court proceedings, upon request.

Confidentiality with Minors

Children under the age of 14 (and who have not been emancipated) will need their parents' or legal guardians' consent for treatment. Adolescents who are 14 years of age or older, can give legal consent for treatment in the state of Alabama, and will need to sign authorizations for their parents or guardians to access their treatment records. Parents or legal guardians have specific rights to information regarding treatment with their children. However, for therapy to be effective, the child must have an assurance of privacy. Because of this, it is my policy to ask parents to agree that information will be shared only with the child's permission, except in situations where the child's safety or successful treatment is at stake. I also ask that parents agree to only access their child's treatment records when there is a clear need (such as for ensuring continuation of care, advocating for child's interests on their behalf, etc). I will provide parents and guardians with general information regarding the child's progress in treatment and will promptly notify parents or guardians of any safety concerns that may arise. As



much as possible, I will attempt to discuss the matter with the child and gain their permission for sharing the information before I do so.

Furthermore, you have the right to:

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask me how to do this.
- I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

Ask me to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask me how to do this.
- I may say “no” to your request, but I’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- I will say “yes” to all reasonable requests.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times I’ve shared your health information for six years prior to the date you ask, who I shared it with, and why.
- I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- I will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel I have violated your rights by contacting me (see bottom of page).



- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- I will not retaliate against you for filing a complaint.