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***Client Rights Handout***

***(For Your Information/Records)***

CONFIDENTIALITY

Confidentiality is the hallmark of counseling services and the therapist conforms to State and Federal guidelines for protecting your confidentiality. All communications between you, the client, and/or family members involved in therapy will be treated as strictly confidential. When the therapist is working individually with a minor child, the parents will control the level of confidentiality after discussion of the pros and cons and exceptions in working with children. You, the client, have the power to waive confidentiality by signing a Release of Information and you can specify what information will be released. This might be used to involve friends, family, other healthcare professionals and educators in the process of therapy.

PSYCHOTHERAPY PROCESS

Your therapist will utilize a variety of techniques and modalities based on education, training, and experience including, but not limited to, family therapy, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy and Guided Imagery. It is possible that homework might be assigned and that therapy may feel challenging at times. It is also possible that you may see an increase in distress before an improvement as you begin to really examine honestly the feelings related to prior or current events. It is important that you inform your therapist when and if therapy is especially difficult or if you ever feel confused about goals so that your therapist can work best with you to resolution. Please feel free to give feedback often and without fear of retaliation in order to obtain the best experience from therapy. Therapy is a cooperative and flexible effort and the most important part of therapy is you.

EXCEPTIONS TO CONFIDENTIALITY

The therapist is mandated to breach confidentiality and report the following to the authorities:

* When there is reason to suspect that a child, elderly or disabled person has been abused.
* When there is reason to suspect that domestic violence is occurring in a child’s home.
* When there is reasonable cause to suspect that you or your child poses a risk of immediate harm to someone else.
* When the therapist is compelled to testify by court order. (In this case, you, the client, will have the opportunity to obtain a court order protecting the information.)

PRIVACY NOTICE – PROTECTION OF PERSONAL HEALTH INFORMATION

The therapist will protect Personal Health Information (PHI) by requiring the client or client’s parent to sign a release for each disclosure of information to an individual or organization. There are times when the therapist will release information:

* Reasonable suspicion of child abuse or neglect will be reported to the Department of Children and Families.
* When the client poses a public health risk due to exposure to a disease or at risk for contracting or spreading the disease or condition.
* When subpoenaed by the Court.

When information about your child is sent electronically for example: fax, e-mail, text message – this information is protected and kept confidential by everyone involved as there are stiff federal fines and prison terms if someone is found guilty of misuse of PHI information.

Procedural Information Regarding Your Rights

1. Only the minimum necessary information is released to obtain payment, provide treatment or promote health care operations (HCO).
   1. If insurance is being billed for treatment, the diagnosis, method of treatment and dates of visits are submitted to the carrier. The carrier may also request other specific information such as expected length of treatment.
   2. The client can revoke authorization for the release of this information. This may result in the therapist’s inability to provide treatment.
   3. The client has the right to request a restriction on the use of disclosure of protected health information.
   4. The client has the right to request a copy of his/her record at his/her expense. Notes made by the therapist will not be provided.
   5. The client has the right to request an amendment to the record.
   6. The client has the right to know where PHI has been sent.
   7. The client has the right to request the means by which to receive confidential information: ie., by mail, only at home, only at work, etc.

If you have a concern about the way client health information is being protected, you may contact the Secretary of the Department of Health and Human Services in Washington, D.C. 1-877-696-6775.