

Rio Rancho Family Counseling Center

333 Rio Rancho DR NE, Ste 200 Rio Rancho, NM 87124
505-814-1460

HIPAA Conforming Statement

The purpose of this statement is to inform you of the rights and responsibilities that apply to you and to your therapist.

Your Privacy

Because we are dealing with your mental health, rather than your physical health, we take extra steps to protect your privacy, not simply in the privacy of your records but also of your therapeutic relationship with us. If we decide that it is necessary to discuss your treatment with someone outside of our office, we can do so only with your signed authorization, called a Consent to Release Information. This Release will be necessary to speak with any of your family members, personal physician, attorney, guidance department at you children's school or a court of law. The Release will specify by name the person or organization to whom we may divulge your information. You may stipulate restrictions to this Release, or refuse to agree to it completely by not signing it. If you do sign it, you may later modify it or cancel it at any time. **In any event, details of the data to be released will be discussed in detail with you before they are sent.**

Although the original records of your sessions here are the property of your therapist, you have the right to see and/or obtain a copy of them. Should you want a copy of them, there will be a copying fee, as defined by law. Because we will not be able to guarantee the safety of those copies once they leave our hands, you will be required to sign a statement indicating that you will have control over them, and that we are absolved from any responsibility to guard the confidentiality of the specific data contained therein.

Your Privacy and that of others in and outside our office

It is possible that you may see friends or acquaintances arriving, leaving, or in our office. It is expected that you will respect their privacy and not ask them why they are here, or tell anyone that you have seen them here. If you and I encounter each other outside this office, I will acknowledge you only after you have first acknowledged me.

Exception to Confidential Protection

There are only a few exceptions to a therapist's rule of maintaining confidence that are recognized by law:

- If you tell me you may injure or kill yourself
- If you tell me you may injure or kill someone else.
- If you tell me of any instance of child abuse.
- If you tell me of any instance of elder abuse.
- In the course of seeking unpaid fees.

HIPAA Statement (cont'd)

In any of these cases, I, as a mandated reporter, must notify the appropriate authorities. In the case of unpaid fees, if negotiation between us does not resolve the issue, attorneys and/or the court may be notified, making available the fact that you have sought psychotherapy with me.

You are a Member of the Treatment Team

You will have begun therapy with at least one “initial presenting problem,” *i.e.* an issue or issues that you feel have caused enough disruption in your life to bring you to therapy. Together, we will map out a course of action. If, during that course, you decide that you would like to change your focus to another issue, we will do that. If I find that another issue may be connected with the presenting problem, I will recommend that we pursue that for a time.

Client Dissatisfaction

In order for therapy to be beneficial, the client must feel comfortable in his/her relationship with the therapist. That means that the client must feel personally safe with the therapist to the point where he/she feels comfortable sharing private thoughts, histories and feelings. Secondly, the client must feel confident that the therapist hears him/her, understands the client’s issues, and will work toward a solution which fits the client and is in the client’s best interests.

If, for whatever reason, you do not feel this level of safety or comfort, you should tell me of your concerns. I will make every effort to either A) Change my approach, focus or methods or, if you prefer, B) Provide you with the names of alternative therapists to whom you can be referred.

Your signature below will confirm that you have had the opportunity to read this, and that, if you choose, you may take a copy of it with you.

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Client

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Date

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Parent or Guardian

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Date

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Parent or Guardian

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Date

11/2018