

Confidentiality and Consent to Treatment

Communication by a Licensed Clinical Social Worker is protected and confidential by Tennessee Law. Confidential information may be released only with your written informed consent. There are exceptions to confidentiality in the State of Tennessee. The exceptions are as follows:

1. The primary responsibility of a clinician is to protect life. A clinician may break your confidence if you are in danger to yourself or others.
2. As required by law, child abuse, physical and/or sexual abuse must be reported to protective services.
3. Serious Threat to Health or Safety
4. If your treatment record is subpoenaed by a court of law as directed by the judge through a court order. You will be notified prior to the release of those records to provide you an opportunity to seek legal counsel regarding the court order.

You will be provided specific information pertaining to the HIPAA regulations that protects the use and disclosures of your treatment. Please read these regulations carefully.

In the event you are being seen for an assessment and/or treatment as directed by your employer, the only information that may be shared with your employer without a signed informed consent is that your attendance to the sessions.

In the event, I will be out of the office for a few days; I will have a trusted therapist “cover” for me. The therapist will be available to you in the event of an emergency. The same laws bind the therapist, as I am to protect your confidentiality.

As a means to provide high quality treatment, I sometimes consult with other therapists and professionals. These individuals are also required to maintain all information as confidential. In the role of professional consultation, no names or identifying information is disclosed. In the event, further consultation is required to ensure the highest quality of care, you will be informed in advance and will be asked to sign appropriate releases of information,

In an effort to coordinate your care, it may be helpful to confer with your primary care physician regarding your treatment and to discuss any medical issues that you may be experiencing that may impact your care. In the event you are a Medicare patient, I am required to notify your physician by phone or in writing.

Confidentiality and Control of Information Regarding Treatment of a Minor Child

Therapy is a relationship based on trust and confidence. I regard the information that is shared by you as private communication and is treated as confidential and is protected by law. The information about the services provided by me is controlled by the parent or guardian. Therefore, I provide information to your parents about the progress of therapy so they may make informed decisions about the continuation of treatment. However, in the event that your safety or that of others is at serious risk, I will notify your parents of my concern.

There are some specific limits to confidentiality and those exceptions are listed below:

- I am required to report cases of suspected child abuse to the Department of Human Services.
- In the case of an emergency or when there is imminent danger to the minor child or other person, there may be a breach of confidentiality.
- Until the courts have terminated parental authority, both parents have access to records and information regarding the minor child. This pertains to custodial guardians. In the case of other family members (e.g. step-parents, grandparents, aunts, uncles, etc) there must be a signed release of information.
- Release of information to a third party (e.g. school, court, other professionals, etc) controlled by the parent or guardian,
- When a school, agency physician or other professional refers a child, communication regarding treatment will be maintained with that agency or person unless the parent, guardian specifies to the contrary.

- The control and release of information is protected through the relationship of trust between the patient and the therapist. As a trustee of the child, the therapist is required to release only information that is believed to be in the best interest of the child. Thus, there may be information that will not be released to the parents/guardians or third parties.

The confidentiality and control\ of information regarding the treatment of a minor child is complex. The laws and policies are designed to benefit all concerned- the child, the family and society at large. It is important for everyone to understand the limits of confidentiality and how these policies apply to your situation. When information is released the therapist may provide a summary of treatment instead of an entire record. If you have any questions regarding confidentiality and other concerns please discuss this with me.

Confidentiality and Your Insurance Carrier

If your insurance carrier is an HMO or is contracted with a managed care organization, I may be required complete treatment plans in order to get your services approves. These treatment plans usually require detailed information about your treatment. If these plans are not completed, most insurance carriers will not cover your services. Once information is released to the insurance carrier, there is a possibility that they may release the information to other entities, Once this occurs, confidentiality regarding your treatment is no longer controlled by myself and I cannot be held responsible.

Consent to Treatment

This information has been provided to you to provide an understanding of my policies and the parameters of care you will receive. Success in therapy is largely up to you. There are limitations to the progress and success of any treatment. It is for this reason a treatment plan will be developed. If in the event you have concerns regarding your treatment, please discuss them with me.

By signing below you have fully read and understand the terms of limits of confidentiality and your informed consent to treatment..

Patient Signature Date

Parent/Legal Guardian Signature (For patients under the age of 18) Date

Your signature below indicates that you have read the Practice Policy and fully understand your financial responsibilities for treatment and compliance with the rules and policies of your insurance carrier.

Responsible Party Print Name Date

Responsible Party Signature