

ACKNOWLEDGEMENT OF LIMITS OF CONFIDENTIALITY and CONSENT TO TREATMENT

Authority: Federal 5 USC 301; 10 USC 5131; 44 USC 3101; 10USC 1095 and Pennsylvania State laws require that we keep your medical records private and that we inform you of our privacy of information policies, our duties/limits of confidentiality, and your rights.

Functional Assessment: During the screening interview, the functional assessment will cover a wide variety of complaints and will provide us with background information about your past and present life experiences. Some questions may appear too general, too personal, unrelated, or irrelevant. We trust you will not take offense at any of these items.

Routine Uses of Data: The information you provide will be used primarily for the evaluation and/or treatment of your concerns. It may also be used for research or teaching purposes, in which cases personal identifying information would be eliminated. If you have questions about how this information will be used, please discuss this with your behavior health provider.

Supervised clinicians and clinicians pending insurance credentialing: Be advised that Alan Warner(Medicaid only), Sarah Smith, Courtney Carney, Gwyn Lipari, and Sheryl Johnson currently have therapy notes cosigned by Dr. David Miller or Dr. Cynthia Bartok. These clinicians are either seeking hours for licensure or require co-signature of notes at this time.

Limitations of Confidentiality: A written summary of each visit to Downtown Counseling Center, LLC (DCC) is maintained in your medical record. While it is the policy of DCC to not release any client information without your signed approval, there are some situations where client information can be disclosed without consent. Access to information in your medical record is allowed when required by law and/or regulation, such as the following:

1. Your records may be subject to subpoena by legal authorities.
2. Other behavior health providers involved with your health care at DCC will have access to information in your medical record. In addition, consultation with behavior health providers at other facilities may occur; however, your identifying information, i.e. name, etc... will not be disclosed.
3. If DCC staff must call you for appointment reminders or other reasons, efforts are made to preserve confidentiality. Please inform us on the Intake Information Form how you would prefer we contact you.
4. Your record may undergo peer review by other behavior health providers at DCC for quality assurance purposes. Confidentiality is maintained during this process.
5. Behavior health providers who believe you intend to harm yourself or others are obligated to take appropriate action to protect you and/or others. This may include contacting police or other authorities to ensure your safety.
6. Limited information may be released to your insurance company to obtain reimbursement of services rendered.
7. When payment for services are the responsibility of the client, or a person who has agreed to pay for the services, and payment has not been made in a timely manner, collection agencies may be utilized to obtain unpaid debt. The agency will use any or all of my contact information on file to collect debt. The content of services, i.e. diagnosis, treatment plan, progress notes, etc..., will not be disclosed. If the debt remains unpaid it may be reported to credit agencies and the client's credit score may state the amount owed, the time-frame, and the name of the clinic or collection source.
8. Professional misconduct of a health care provider must be reported by other health care providers. As part of professional inquiries related records may be released to substantiate disciplinary concerns.
9. In the event of a client's death, the spouse or parents of the deceased may have the right to access their child's or spouse's records.
10. Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.
11. All incidents of suspected child or elder abuse/neglect must be reported to state authorities per 42 U.S. Code § 13031 and Pennsylvania state law. If anyone, 14 years of age or older reports that he or she committed child abuse the behavior health provider must make a report regardless of whether the child continues to be in danger. If a client is the victim of abuse, neglect, violence, or a crime victim, and their safety appears at risk, we may share this information with law enforcement officials to prevent future occurrences and capture the perpetrator.



12. If you are a single-family member under the age of 14, your parents have a right to receive general information on the progress of your treatment, although the specific content related to your treatment is confidential.

Reunification Therapy and/or Court Ordered Treatment: For single family members under the age of 18 participating in court ordered Reunification Therapy, information about the progress and content of treatment will be shared with those involved in the reunification therapy. In addition, joint sessions between the child/teen and each parent, especially the parent claiming alienation, will occur during the treatment, typically within 5-8 sessions.

Court Ordered Treatment: Information regarding the progress of treatment, diagnoses, and other relevant information may be released to court/legal authorities.

Disclosure: There are no legal consequences for not disclosing personal information. However, failure to disclose personal information relevant to your concerns may impact the quality of care you receive.

Procedures: Procedures may include interviews and administration of questionnaires. Interviews may be audiotaped or videotaped with the client’s prior knowledge and consent.

Your Rights:

1. You have the right to request to review or receive a copy of your mental health records. The procedure for obtaining a copy of your record is to provide a written signed request directly to DCC via a signed “Release of Information.” If your request is denied you will receive a written explanation. Records for minors under the age of 14 must be requested by their parents or legal guardians. Records will be emailed to requestor with encryption.
2. Minors ages 14-18 must consent/agree with the release of their medical record to other agencies.
3. You have the right to cancel a release of information at any time by giving us written and signed notice.
4. You have the right to request a restriction of information about yourself that we communicate with others; however, we may or may not abide by this request.
5. You have the right to disagree with the information in your medical record and may request it be changed. If we disagree with the requested change, you have the right to have a statement added to your medical record documenting your disagreement.
6. You have the right to know what information in your record has been provided to whom. Please request this in writing.

Complaints: Contact the DCC Director (Dr. David Miller, dmillerphd@dccc Carlisle.com) or designee (717) 386-5971 with complaints or questions about procedures, policies, or your care while a client at DCC. We will address your concern as best as we can. If you believe your concern was not adequately addressed you may submit a complaint to the U.S. Department of Health and Human Services, Pennsylvania State Licensing Boards, or your insurance company.

Emergency Room and/or other intensive psychiatric treatment: If you are seen in an emergency room for psychiatric reasons or if you are admitted to an intensive outpatient, partial hospitalization, psychiatric inpatient or residential treatment facility, you agree by signing below to allow your treating doctors/caregivers in those facilities to contact your counselor at DCC to discuss your treatment in their facility, obtain information about your treatment at DCC, cancel any appointments while you are inpatient, and make discharge treatment planning arrangements.

Acknowledgment of Privacy Act Rights and Limitations: I have read the above and I understand the need for and intended use of the information to be obtained from me. I voluntarily agree to their use as described.

Adult or Parent/Guardian Signature

14-18 minor signature

Provider Signature

Printed Name/Date

Printed Name/Date

Printed Name/Date