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CONFIDENTIALITY IN THERAPY AND CONSULTATION

Federal and state laws regulate privacy within the therapy relationship. The following guidelines govern when private health information can be released without your consent, and when your consent is needed.

Prevent Harm: I am required by law to attempt to prevent harm from occurring if I suspect or become aware of:

- child abuse or neglect** (sexual, physical, or emotional)
- adult abuse, neglect, or exploitation**, including domestic violence
- suicidality** (a credible intent to take one’s own life)
- homicidality** (a specific and immediate threat to take the life of another person).

In these instances, I am required to release information to Child Protective Service workers; The Department of Social Services and/or Department of Welfare; court-appointed advocates; law enforcement officers; or evaluators for involuntary commitment. I may also be required to warn a potential victim and/or their parent or guardian (if under age 18). Your permission is not required in these instances.

Subpoenas: In criminal cases and some civil cases (e.g., divorce proceedings), I must provide your records when requested by subpoena. If the subpoena is quashed (blocked), I may be required to provide records under seal until their release is determined by a judge. I will make every effort to inform you if your records are requested by subpoena, but I cannot always prevent their release.

Health Insurance: By signing the Financial Agreement, you agree to the release of general information to your insurance carrier to obtain insurance coverage. This information is limited to: dates of service; session start and stop times; type of therapy; and summary of diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date. Any insurance request for personal health information not listed above will require a separate written and signed Authorization from you.

Authorization to Release Information: If you wish me to contact another individual or institution, you will be asked to sign an Authorization to Release Information, which specifies what information will be shared, with whom, and for what purpose, as well as a date, event, or condition upon which it expires. Once signed, the Authorization can be revoked by you in writing at any time. Disclosure is limited to the minimum necessary to achieve the purposes of disclosure. As stated above, no Authorization is required concerning suspected or known abuse, neglect, suicidality, and homicidality; if records are called into court; or if your treatment or my own judgment would be jeopardized by a failure to provide general information to your insurance carrier, as described above.

Peer Review: The skilled and ethical colleagues with whom I share the suite are excellent resources to each other when clinical questions or dilemmas arise. We occasionally review information about specific patients, using no names or other identifying information, with the sole purpose of providing the best treatment possible. HIPAA permits this disclosure of information about a patient for consultative purposes, as it is considered part of treatment. By signing at the bottom, you acknowledge your awareness of this practice and give permission for it. Please let me know if you do not want this to take place, and your request will be honored.

Privacy Notice: Safety and security measures are in place so that health information about you and your family is safe from unwanted or accidental disclosure. Only I have access to written records, although two colleagues have been provided with emergency procedures for managing my written records in the case of an emergency. Records are kept in a locked file cabinet. A paper shredder is used for unwanted paper containing identifying information. Computer records are password protected. Emergency or after-hours return calls that I may make by cell phone are not secure. Please let me know if you do not want me to use cell (even texting), as a means of communicating with you for security reasons.

If at any time you have any questions about confidentiality and the release of information, please let me know.

I have read and understood the above information about confidentiality and its limits:

Signature

Date