

Raven's Way Counseling and Hypnosis

Debra Young M.A. LMHC

319-8172

Disclosure Statement:

Our Legal Duties:

State and Federal laws require that we keep your records private. Such laws require that we provide you with this notice informing you of our privacy of information policies, your rights, and our duties. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Information about your treatment may be used in the context of professional supervision or consultation. In these cases, all identifying information about you will not be disclosed. It is our policy not to release any information about a client without a signed release of information except in certain emergency situations or exceptions in which client information is legally required to be disclosed. These situations are noted below:

Duty to Warn and Protect:

When a client discloses intentions or a plan to harm another person, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Public Safety:

If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Debra Young MA, LMHC.

Abuse:

If a client states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child or vulnerable adult is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities. If a client is the victim of abuse, neglect, violence, or a crime victim, and their safety appears to be at risk, we may share this information with law enforcement officials to help prevent future occurrences. Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Litigation Limitations: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure about matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client's) nor your attorney's, nor anyone else acting on your behalf will call on Debra Young, LMHC to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

Raven's Way Counseling and Hypnosis

Debra Young M.A. LMHC

319-8172

E-Mails, Cell Phones, Computers & Faxes: It is very important to be aware that computers, cell phones and e-mail communications can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Faxes can easily be sent erroneously to the wrong address. E-mails are vulnerable to unauthorized access because Internet servers have unlimited and direct access to all e-mails that go through them. Additionally, Debra Young's e-mails are not encrypted.

Health Insurance & Confidentiality of Records: If you prefer us to bill insurance for reimbursement of services, disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If your account is more than 60 days overdue it may be sent out of the office for further collection.

Payments, Insurance Reimbursement and Cancellations: Clients are expected to pay the standard fee of \$130 per hour session at the end of each session unless other arrangements have been made or insurance is being billed. Clients are expected to pay all deductibles and co-pays as required by your insurance company. Please note that as the recipient of services you are responsible for all charges not paid for by your insurance company. If your account is more than 60 days overdue, it may be sent out of the office for further collection. Twenty-four hours notice is requested prior to cancelation of any appointment. Late Cancellations and no-shows are billed at the full rate directly to the client. Contact Debra Young if any problems arise during therapy regarding your ability to make timely payments.

I understand my privacy rights and agree to my responsibilities.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____