

Stratara Group, LLC: Notice of Privacy Policies

Elisabeth Tullis Schneider, LMFT

Federal and State laws governing confidentiality can be quite complex. This Notice explains some specific Patient Rights that you have under these laws. I will maintain a Clinical Record file on your case, which is the property of my practice (Elisabeth Tullis Schneider, LMFT). You may examine and/or receive a copy of your file *if* you request it in writing *and* the request is signed by you *and* dated not more than 60 days from the date it is submitted. There may be a charge for writing reports or for copying materials.

Please note: If you are being seen in couples, group, or family therapy, laws concerning confidentiality are vague. Elisabeth Tullis Schneider, LMFT will not release information to other parties without your written permission except when required to do so by State or Federal law, or unless a court order requires me to release information about your case.

❖ Uses and Disclosures of Protected Health Information for Treatment, Payment, and Health Care Operations^[1]

Elisabeth Tullis Schneider, LMFT may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “Treatment, Payment and Health Care Operations”:
 - *Treatment* is when Elisabeth Tullis Schneider, LMFT provides, coordinates and manages your mental health care and other services related to your mental health care.
- “*Disclosure*” means activities outside of our office, such as releasing, transferring, or providing access to information about you to other parties. Your therapist may find it helpful to share information with your primary care physician or other health and mental health professionals who are currently treating you. Your signature on this Agreement is written, advance consent for us to release information to these professionals. A record of these disclosures will be kept in your Clinical Record.

☐ **Check here if do NOT wish us to release any information to other mental health and health professionals who are currently treating you.** Your therapist may occasionally find it helpful to consult other health and mental health professionals about a case. During consultations, your therapist makes every effort to avoid revealing the identity of patients. The other professionals are also legally bound to keep the information confidential. The therapist will note all consultations in your Clinical Record.

• Uses and Disclosures Requiring Neither Consent Nor Authorization

Your therapist may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If your therapist knows or suspects that a child under 18 years of age or a mentally retarded, developmentally disabled, or physically impaired person under 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect, she/he is required by law to report that knowledge or suspicion to the State of CT.
- **Elder Abuse:** If your therapist has reasonable cause to believe that an elder is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, she/he is required by law to immediately report such belief to the State of CT.

- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information concerning your evaluation, diagnosis or treatment, such information is protected by the therapist-client privilege law. I cannot provide any information without your (or your personal or legal representative's) written authorization. However, if a court orders me to disclose information, I am required to provide it. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- **Serious Threat to Health or Safety:** If I believe that you pose a clear and substantial risk of imminent serious harm to yourself or another person, I may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm. If you communicate to me an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims, and I believe you have the intent and ability to carry out the threat, then I am required by law to take one or more of the following actions in a timely manner: 1) take steps to hospitalize you on an emergency basis, 2) establish and undertake a treatment plan calculated to eliminate the possibility that you will carry out the threat, or refer you to more appropriate treatment options and initiate arrangements for a second opinion risk assessment with another mental health professional, 3) communicate to a law enforcement agency and, if feasible, to the potential victim(s), or victim's parent or guardian if a minor, all of the following information: a) the nature of the threat, b) your identity, and c) the identity of the potential victim(s).
- **Worker's Compensation:** If you file a worker's compensation claim, your therapist may be required to give your mental health information to relevant parties and officials.
- **If the client is a minor:** Both parents have access to the minor client's complete Clinical Record, including Psychotherapy Notes, unless there is a court order prohibiting one of the parents from access.
- **If a government agency** (such as Medicare) is requesting the information for health oversight activities, Elisabeth Tullis Schneider, LMFT may be required to provide it to them.
- **If a client files a complaint** or lawsuit against Elisabeth Tullis Schneider, LMFT, I may disclose relevant information regarding that patient in order to defend myself.
- **Elisabeth Tullis Schneider, LMFT may present** disguised case material in seminars, classes, or scientific writings; in this situation, all identifying information and Protected Health Information is removed and client anonymity is maintained.
- **Your health insurance plan** has the right to review your Clinical Records for any services you have asked them to pay for. Unless your treatment is being paid for by a Workers Compensation plan, a health insurance company is *not* entitled to see Psychotherapy Notes, which are detailed notes your therapist may make concerning what you have talked about in therapy. However, they *are* entitled to see PHI in your clinical record, including information about dates of therapy, symptoms, your diagnosis, your overall progress towards those goals, any past treatment records that we receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier.
- ❖ **Therapist's Duties:**
 - Your therapist is required by law to maintain the privacy of PHI and to provide you with a notice of their legal duties and privacy practices with respect to PHI.
 - Elisabeth Tullis Schneider, LMFT reserves the right to change the privacy policies and practices described in this notice. Unless your therapist notifies you of such changes, however, the therapist is required to abide by the terms currently in effect.
 - If Elisabeth Tullis Schneider, LMFT revises policies and procedures, a new copy of these policies and procedures will be provided to you in a timely manner.