

THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU AND / OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT. (07/13)

1. The Academy of Physical & Social Development (“The Academy”) acknowledges one’s right to privacy and of the limits on confidentiality. These limits include situations in which;
 - A. A counselor judges there is a risk of physical and/or emotional injury by / to you.
 - B. A counselor is ordered to disclose communications to law enforcement officials in response to court orders, subpoenas, warrants, summons or similar process.
 - C. A third party requires information and / or diagnosis for the purpose of review and provision of benefits.
 - D. A counselor engages the services of a collection agency, in which case only the nature, dates and fees of service may be disclosed.In these cases steps will be taken prior to the breaking of confidentiality to notify you.
2. Other uses and disclosures will be made only with written authorization from you. You may also revoke such authorization.
3. The Academy may provide appointment reminders, send reports and / or call you with information about the treatment that may benefit you.
4. The Academy is participating in the training of new professional counselors and case notes are often discussed in the supervisory process. Supervisors are licensed mental health professionals who, by virtue of their education and clinical experience assist new professionals as they develop and sharpen their clinical skills. Supervisors and new professionals are bound by the professional Code of Ethics and confidentiality and privacy are maintained in the supervisory process. Licensed counselors may also share pertinent information with their Academy supervisors, as needed, for continuity of care.

Your rights:

1. To request a restriction on certain uses and disclosures of protected health information
2. To receive communications of confidential information from the counselor in a certain way or at a certain location (for example that we contact you only by mail or at work). We will accommodate *reasonable* requests. Such requests must be made in writing.
- 3 To inspect and copy protected health information.
- 4.To amend protected health information.

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5. To receive a copy of your paper or electronic records
6. To receive an accounting of disclosures of protected health information.
7. To choose someone to act on your behalf.
8. To be notified of any breach of security
9. To receive a paper copy of the Notice of Privacy Practices from the Academy upon request.

The Academy is required by law to maintain the privacy of protected health information and to provide clients with notice of their legal duties and privacy practices with respect to protected health information. The Academy reserves the right to change the terms of this Notice and to make the new notice provisions effective for all protected health information that it maintains.

Further, clients may file a complaint with the Director of the Academy and / or to the Secretary of the U.S. Department of Health and Human Services if they believe their privacy rights have been violated.

You will not be penalized for filing a complaint.

Parent's name

date

Signature

Child's name