

## **Presence of Mind Therapy LLC**

### **NOTICE OF PRIVACY PRACTICES**

The following specifies your rights about this authorization under the Health Insurance Portability and Accountability Act of 1996, as amended from time to time (“HIPAA”).

1. Tell your therapist if you don’t understand this authorization, and the therapist will explain it to you.
2. You have the right to revoke or cancel this authorization at any time, except: (a) to the extent information has already been shared based on this authorization; or (b) this authorization was obtained, and you are in the research related treatment program or have authorized your provider to disclose information about you to a third party, your provider has the right to decide not to treat you or accept you as a client in their practice.
3. You may refuse to sign this authorization. Your refusal to sign will not affect your ability to obtain treatment or payment or your eligibility for benefits. If you refuse to sign this authorization, and you are in a research related treatment program or have authorized your provider to disclose information about you to a third party, your provider has the right to decide not to treat you or accept you as a client in their practice.
4. Once the information about you is shared according to the terms of this authorization, this practice has no control over how it will be used by the recipient. You need to be aware that at that point your information may no longer be protected by HIPAA.
5. If this practice initiated this authorization, you must receive a copy of the signed authorization.
6. Special Instructions for completing this authorization for the use and disclosure of Psychotherapy Notes. HIPAA provides special protections to certain medical records known as “Psychotherapy Notes.” All Psychotherapy Notes recorded on any medium (i.e., paper, electronic) by a mental health professional (such as a therapist, psychologist or psychiatrist) must be kept by the author and filed separate from the rest of the client’s medical records to maintain a higher standard of protection. “Psychotherapy Notes” are defined under HIPAA as notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that are separate from the rest of the individual’s medical records.

Excluded from the “Psychotherapy Notes” definition are the following: (a) medication prescription and monitoring, (b) counseling session start and stop times, (c) the modalities and frequencies of treatment furnished, (d) the results of clinical tests, and (e) any summary of: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. In order for a medical provider to release “Psychotherapy Notes” to a third party, the client who is

the subject of the “Psychotherapy Notes” must sign an authorization to specifically allow for the release of “Psychotherapy Notes”. Such authorization must be separate from an authorization to release other medical records. A mental health professional may choose not to release psychotherapy notes to the client if the clinician feels that doing so would be harmful to the client.

### **CONFIDENTIALITY LIMITS AND EXCEPTIONS**

1. Normally, everything we discuss will be held confidential. Unless you provide a signed authorization, I will not speak to or correspond with anyone about you.
2. If you choose to break confidentiality in any way (i.e., sending me an email or telling anyone about your therapy), I cannot control or be held liable for the outcome.
3. New Jersey law and professional ethics either mandate or permit therapists to break client confidentiality under certain circumstances. Some ‘exceptions to confidentiality’ include situations in which there is reasonable suspicion that any of the following has ever occurred or is occurring now: you or your child present a danger to self or others, a child or dependent adult is the victim of emotional, sexual or physical abuse, neglect or unjustified mental suffering, a dependent adult or any person over the age of 65 years is the victim of physical abuse, emotional abuse, abandonment, forced isolation, fiduciary abuse, or neglect . Note that the preceding is a sample, and not a complete list of exceptions to confidentiality.
4. If I am treating a minor or dependent adult, terms of confidentiality will be agreed upon by the parent/guardian. The same exceptions to confidentiality apply.
5. If you feel that your rights to confidentiality have been compromised you may report this to the owner of Presence of Mind Therapy, Maureen Schafer (908)347-3794 or you may file a complaint at the Department of Human Services online at HHS.gov.