

Quest Counseling LLC

Initiative Imagination Individuality

Charlayne Wall, MS, LCPC

Notice of Privacy Policies

THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS
AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE DISCLOSED,
AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

I. Confidentiality

As a rule, I will disclose no information about you, or the fact that you are my patient, without your written consent. My formal records describe the services provided to you and contain the dates of our sessions, your diagnosis, functional status, symptoms, prognosis and progress, and any psychological testing reports. I will require your written permission in advance if the need for disclosure of your records arises. You may revoke your permission, in writing, at any time

II. Limits of Confidentiality

Possible Uses and Disclosures of Mental Health Records without Consent or Authorization

There are some important exceptions to this rule of confidentiality. If you wish to receive mental health services from me, you must sign this form indicating that you understand and accept my policies about confidentiality and its limits.

I may use or disclose records or other information about you without your consent or authorization in the following circumstances.

Emergency: If you are involved in a life-threatening emergency and I cannot ask your permission, I will share information if I believe you would have wanted me to do so, or if I believe it will be helpful to you.

Child Abuse Reporting: If I have reason to suspect that a child is abused or neglected, I am required by law to report the matter immediately to Child Protective Services.

Adult Abuse Reporting: If I have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, I am required by law to immediately make a report and provide relevant information to the Adult Protection Services

Court Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged, and I will not release information unless you provide written authorization or a judge issues a court order. Protections of privilege may not apply if I do an evaluation for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.

Serious Threat to Health or Safety: If I am engaged in my professional duties and you communicate to me a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I am legally required to take steps to protect third parties. These precautions may include 1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18, 2) notifying a law enforcement officer, or 3) seeking your hospitalization. I may also use and disclose information about you when necessary to prevent an immediate, serious threat to your own health and safety.

Workers Compensation: If you file a worker's compensation claim, I am required upon request to submit your relevant mental health information to you, your employer, or the insurer.

Other uses and disclosures of information not covered by this notice or by the laws that apply to me will be made only with your written permission.

III. Patient's Rights and Provider's Duties:

Right to Receive Confidential Communications: I will contact you or leave a message at the phone number you provided. You have the right to request and receive confidential communications by alternative means. (For example, you may not want a family member to know that you are seeing me or you may not want me to leave voice mail messages.) To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.

Right to Inspect and Copy – In most cases, you have the right to inspect and copy your records. To do this, you must submit your request in writing. If you request a copy of the information, I may charge a fee for costs of copying and mailing. I may refuse to provide you access to certain counseling notes or to information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative proceeding.

Right to Amend – If you feel that records I have about you is incorrect or incomplete, you may ask me to amend the information. To request an amendment, your request must be made in writing. In addition, you must provide a reason that supports your request. I may deny your request if you ask me to amend information that: 1) was not created by me; 2) is not part of the information kept by me; 3) is not part of the information which you would be permitted to inspect and copy; 4) is accurate and complete.

Right to a Copy of this Notice – You have the right to a copy of this notice. You may ask me to give you a copy of this notice at any time. I reserve the right to change my policies and/or to change this notice, and to make the changed notice effective for records I already have about you as well as any information I receive in the future. The notice will contain the effective date . A new copy will be given to you. I will have copies of the current notice available on request.

Complaints: If you believe your privacy rights have been violated, you may file a complaint to the Idaho Bureau of Occupational Licenses.

EFFECTIVE DATE: 8/7/19

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Patient's Acknowledgment of
Receipt of Notice of Privacy Practices

Please sign, print your name, and date this acknowledgment form.

I have been provided a copy of Quest Counseling LLC "Notice of Privacy Practices."

We have discussed these policies, and I understand that I may ask questions about them at any time in the future.

I consent to accept these policies as a condition of receiving mental health services.

Signature: _____

Printed Name: _____

Date: _____