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## NOTICE OF PRIVACY PRACTICES

### 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 Mental Health Record describes the services provided to you and continues the dates of our session, your diagnosis, functional status, symptoms, prognosis and progress, and any psychological testing reports. Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operations purposes. However, I do not routinely disclose information in such circumstances, so I will require your permission in advance, either through your consent at the onset of our relationship (by signing the attached general consent form). Or through your written authorization at the time the need for disclosure arises. You may revoke your permission, in writing, at any time, by contacting me.

With your written permission, we may correspond by e mail or text. This may be more convenient for you in circumstances involving setting/changing appointments, or to receive monthly statements for services rendered. In some instances, it may make sense clinically to correspond by e mail or text. Email is a very popular and convenient way to communicate for a lot of people, so the federal government provides guidance on email and HIPAA.

#### **Information regarding HIPAA and electronic communication:**

- HIPAA stands for the *Health Insurance Portability and Accountability Act*
- HIPAA was passed by the U.S. government in 1996 in order to establish privacy and security protections for health information
- When I send you an email, or you send me an email, the information that is sent is not encrypted. This means a third party may be able to access the information and read it since it is transmitted over the Internet.
- The information is available in a pdf (page 5634) on the U.S. Department of Health and Human Services website- <http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf>
- The guidelines state that if a patient has been made aware of the risks of unencrypted email, and that same patient provides consent to receive health information via email, then a health entity may send that patient personal medical information via unencrypted email.

To further assist in the security of patient information my phone and computer are password/fingerprint protected.

## II. Limits of confidentiality

### Possible Uses and Disclosures of Mental Health Records with Consent or Authorization

There are some important exceptions to this rule of confidentiality – some exceptions created voluntarily by my own choice, and some required by law. If you wish to receive mental health services from me, you must sign the attached form indicating that you understand and accept my policies about confidentiality and its limits. We will discuss these issues at the outset, but you may reopen the conversation at any time during our work together.

I may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy or because legally required:

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: If I reason to suspect that a child is abused or neglected, I am required by law to report the matter 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 will involve appropriate county authorities.

Health Oversight: I am required to report misconduct that comes to my attention by providers of my own profession and may also report misconduct by providers of other professional disciplines. If you report to me that you have been the victim of misconduct, I will explain how you may make a report to the appropriate authorities in NYS.

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 under State law, and I will not release information unless you provide written authorization or a judge issues a court order. If I receive a subpoena for records or testimony, I will notify you so that you can file a motion to block the subpoena. I make every effort to avoid the release of the actual record, and to instead provide a summary of treatment tailored to the reason the record has been requested.

Gun Permits: In a few instances I have been asked to provide diagnosis and dates of treatment to authorities reviewing a gun permit application. These requests have been accompanied by a written authorization supplied to authorities by the patient at the time they applied for the permit.

Okay to correspond by:

Unencrypted Email: Yes \_\_\_\_\_ No \_\_\_\_\_

Text: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_