

The Guide Counseling and Psychotherapy, PLLC

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Lago Vista, TX 78645

(512) 431-0567

## **CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION**

All communication, including electronic, written and verbal, between clients and F. Allen Males III, MA, LPC is treated as private and confidential. While you may discuss anything that happens in your therapy, I will not disclose any information without your written permission.

You will have a record of care you receive at this office. This information is needed to provide you with the highest quality of care and to comply with state regulations for counseling and psychotherapy. Your record is secured and is not available to anyone without your written permission.

There are situations written into federal and state laws that deny me complete control over your confidentiality, I am required by law to disclose information to the appropriate authorities if:

- There is reason to believe you may harm yourself or others.
- There is reason to believe that abuse of a child or elder adult is taking place and has not been reported to appropriate authorities.
- A judge legally compels me to testify in court or to release your records.
- There is reason to believe that you have received unethical treatment from another clinician, including a treating therapist or health care provider.

This list is not comprehensive; it does include the most common situations in which I may be required to provide information without your written permission. These situations are not routine and have no impact on the large majority of people seeking therapy. Every effort will be made to inform you should any of these situations occur during our work together.

There are some situations that may require me to provide information about you to your support persons or legal authorities. Most are emergencies and are extremely rare. Some examples include the following:

- Notification of others if you are at risk. The person notified might be your emergency contact person, a family member or another person responsible for your care who you identify.
- Disaster relief. I may be asked to release information to a private or government agency so that they may assist you.

**E-SIGNATURE PAGE FOR CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION**

My E-signature below indicates that I have read the *Confidentiality of Protected Health Information* document and have had my questions answered to my satisfaction so that I fully understand the information. I will be given a copy of this completed form upon request.