

# HIPPA Notice of Privacy Practice

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*\* indicates a required field*

1. Confidentiality is maintained as part of the therapeutic process in accordance with the ethical standards generally accepted by the National Board of Certified Counselors (NBCC) and the Licensing Board of Maryland.
2. Written authorization is required for any release of information to other agencies or individuals. Information can be exchanged in verbal or written form based on client's request.
3. Should request be needed in submitting health insurance claims, a release of information must be signed.
4. Limitations of Confidentiality:
  - a. Instances of actual or suspected physical or sexual abuse, emotional cruelty, or neglect of a child or an elder or dependent adult must be reported to the appropriate protective services.
  - b. If we have a reason to believe that a client poses an unavoidable and imminent danger of violence to another person, we may warn the intended victim and notify the proper authorities.
  - c. If a client, reveals a serious intent to harm self, we are ethically bound to do what we can to help maintain their safety, which may involve notifying others who may be of assistance.
  - d. If a judge orders our testimony or, in the context of a legal proceeding, a client raises their own psychological state as an issue, we may be required to release their confidential information to the court. In all of the above cases, it is incumbent upon us to release only that information necessary to appropriately carry out our responsibilities. Clients' confidentiality still remains an ethical priority.
5. Email and texting: Email and texting is a quick method to stay connected, schedule appointments, etc. However, such communication has some risks and we cannot ensure the security of such communication. Emails and texts can be forwarded or can be received by unintended recipients.
6. Phone and Video conferencing: we will do our best to ensure confidentiality during phone or video sessions; however, there are risks to confidentiality in such communications and we cannot guarantee confidentiality during such communication.
7. I agree that my Confidential information can be shared amongst practitioners in a group or one-on-one setting, solely, for the permitted purposed under HIPAA, including, not limited to, treatment and/or training.

**\* Date**

**\* I consent to the information provided above.** \_\_\_\_\_  
I consent to sharing information provided here.