

**Carie Brinton Psychotherapy
2660 Townsgate Road
Suite 530
Westlake Village, CA 93161
818-464-3533**

Privacy Policy

Your client record, or PHI (Personal Health Information) is confidential. Client information can only be released by the person legally in charge. I will presume I have your permission to call / contact you (at the telephone numbers you provided on the intake sheet) in those circumstances which may require this, unless you specifically request on your intake form that this is not acceptable. **If a minor child is my client, I require the signature of all parents/guardians who have legal custody and the child's signature** before I will release any information, and in some cases may not be able to release information at all. If your child is my client, it is my job to protect your child's therapeutic interests.

If you have insurance which is being billed for professional services, some information regarding you may be requested by the company. The amount of information varies depending upon the kind of plan you have (HMO's, for example, often want written reports sent and contact with provider physicians). Insurance plans make use of, and / or require electronic communications (fax, computer, etc.). I make every effort to protect your privacy, but I am not responsible for any problems which may occur once information leaves my office. If you have any questions about this please feel free to discuss with me.

*NOTE: THERE ARE **EXCEPTIONS TO CONFIDENTIALITY** for which I am legally bound to adhere to, these include:

If you threaten serious and imminent harm to another person, I am required by law to notify that person and appropriate law enforcement agencies.

If you reveal information about active child abuse, elder abuse, or dependent physical abuse, I must report this to the authorities. If I have reasonable suspicion that a perpetrator of child abuse may be still abusing minors, I must also report this information.

If I believe that you imminently intend to do serious/life threatening harm to yourself, I will make every effort to ensure your safety. This may include notification of the necessary authorities.

If I receive a legal subpoena for information about you I need your written

authorization to release information, and/or an order from a judge. I will make reasonable efforts to notify you, in advance, to discuss this. Without an order from a judge your records will remain confidential unless you provide written authorization to release them. Any subpoena to appear in court and/or subpoena for records when a child is my client must be accompanied by written permission of BOTH LEGAL PARENTS before I can testify in a court of law.

I have read, understand, and agree to the above, including privacy practices policy and information regarding client Protected Health Information (PHI). I may request a printed copy of my rights under the Health Insurance Portability and Privacy Act (**HIPPA**).

Client Signature _____ Date

Parent / Guardian Signature _____ Date

Therapist Signature _____ Date
