

## **NOTICE OF PRIVACY PRACTICES (COUNSELING)**

THIS NOTICE DESCRIBES HOW COUNSELING INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.

### **Your Right to Privacy and Confidentiality**

The file containing the record of your visits and the services received at PHD will be stored in a locked cabinet. It is accessible only to authorized personnel to help provide services to you. They have agreed to carefully abide by the privacy practices of PHD. No information will be shared with any other person or agency outside of PHD without your permission in writing on a special "authorization for release of information" form, except by court order. All services provided at PHD are reviewed by a clinical supervisor.

### **Exceptions to the Above Information Release Procedure**

1. When PHD has knowledge of or reasonable cause to believe that a child is being neglected or physically or sexually abused. State law requires that such information be reported.
2. Reporting of mistreatment of vulnerable adults as required by state law.
3. Reporting of alleged practitioner sexual misconduct as required by state law.
4. Reporting threats of homicide or physical violence against another person. Such threats must be reported to the police and to the intended victim.
5. In the case of threatened suicide, at least one concerned person and/or the police may be contacted to help to keep the person safe. The person will be referred to a psychiatric facility for evaluation.

### **Right Not to Be Discriminated Against**

You have the right to receive services regardless of race, age, gender, ethnic origin, disabilities, creed, or sexual orientation.

### **Right Not to Be Subjected to Harassment**

You have the right to not be subjected to sexual, physical, or verbal harassment.

### **Right to Read Your Own Records**

You have the right to read your own file with assistance in understanding your written records so that your questions may be answered. You may inform PHD of any inaccuracies of information in your file and give a written amendment, which will be added to your file. PHD will retain complete records for seven years from the date of the last visit, or for minors, from the date they reach 18.

### **Minor's Right to Privacy**

Minors, between the ages of 13 and their 18<sup>th</sup> birthday, are entitled to five, forty-five minute, confidential counseling sessions. After the five sessions, they need parental consent to continue to receive services.

### **Referral Rights**

You have the right not to be referred or terminated without explanation and notice. You have the right to active assistance from PHD in referring you to other appropriate services.

### **Right to Know Your Counselor's Qualifications**

If you are seeing a professional counselor you have the right to ask what her training is, where she received it, her license, professional competencies, experience, education, biases or attitudes. All of the professional counselors at PHD have received at least a Master's Degree in counseling or social work, or are master's level interns working under clinical supervision.

### **Right to Be Informed**

In language you understand, you have the right to be informed of the purpose of professional counseling, including an estimate of the number of counseling sessions and the length of time involved. You have the right and responsibility to help develop your own treatment plan.

### Right to Read Your Own Records

You have the right to read your own file with assistance in understanding your written records so that your questions may be answered. You may inform PHD of any inaccuracies of information in your file and give a written amendment which will be placed in your file. You also have the right to know why information that may be requested is needed and how it will be used. Information collected will be used for evaluation and treatment purposes. If you chose not to supply such information, PHD cannot determine which services are most appropriate for you, making it more difficult to provide effective counseling. PHD will retain complete records for seven years from the date of the last visit, or for minors, from the date they reach 18. This right might be denied if access to this information is likely to endanger the life or safety of yourself or someone else.

### Right to Refuse Treatment

You have the right to consent to or to refuse treatment. You can be treated without consent only if there is an emergency and failure to act immediately would jeopardize your health. In such an emergency, reasonable efforts will be made to involve a close relative or friend prior to providing emergency services. No audio or video recording of a counseling session can be made without your written permission.

### Right to Voice Grievances

You have the right to voice grievances and request changes in your treatment without restraint, interference, coercion, discrimination, or reprisal. You are encouraged to share your concerns directly with the counselor with whom you are working. If you believe that the counselor is not responsive to your grievance, you may submit your grievance in writing by mailing it to:

Clinical Director  
1610 Colonial Parkway  
Inverness, IL 60067.

### **YOUR RESPONSIBILITIES**

As a client, you have responsibilities as well as rights. You can help yourself by being responsible in the following ways:

#### **TO BE HONEST**

You are responsible for being honest and direct about everything that relates to you as a client. Please tell us exactly how you feel about the things that are happening to you in your life.

#### **TO UNDERSTAND AND FOLLOW THE SERVICE PLAN**

It is important that you understand the services and referrals that are being suggested to you. If you don't understand, please ask for further explanations. It is your responsibility to discuss with us whether or not you think you can and/or want to follow these suggestions.

#### **TO KEEP APPOINTMENTS**

You are responsible for keeping appointments. If you cannot keep an appointment, notify PHD as soon as possible so that another client can be seen.

#### **TO KEEP PHD INFORMED**

PHD will rely upon you to notify us of any changes in your name, address, home or work phone numbers.

I have read my rights and responsibilities as a client of PHD and understand my right to privacy and confidentiality.

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