
CONFIDENTIALITY: How it Works and INFORMED CONSENT

Name: _____

Your expectations of confidentiality are a critical part of how Counseling can be helpful. Therefore, it is important for you to fully understand what level of privacy to expect and also what the legal limitations are.

In AL, from the age of 14 and up you are entitled to access medical/mental health treatment at your will and without the notification or consent of any parent, guardian, or custodian. At age 14 & up, it is your choice to Request or Consent to Release any Information about your treatment. You can limit what is released and you can revoke your consent at any time. For **multiple participants**, ie Family or Couple's Counseling, all participants must be in agreement or I can only release a summary that is specific to the requestor only! Any communications must be available to all participants; this means I will not be the keeper of secrets. For **Couples**, be aware, AL does have some legal restriction of your use of an LMFT's testimony in an Alimony or Divorce action.

Your privacy is important to me. I will refer to you by your first name. I will not acknowledge you in public unless you initiate this. I cannot participate in social media with clients. My outer office remains locked. My office door is locked and your files are kept in my locked cabinet. If I must transport files they will be in a locked briefcase and locked car. After services stop, your files are kept locked for 7 years (adults) and 10 years for kids. **No audio or video recording devices will be allowed or used at any time, by any participant, unless there has been written permission by all participants, in advance.** Technology I use, like my **computer and work cell phone** are **password protected**. **My computer is encrypted**. Even so, **privacy cannot be guaranteed**. If you see any potential/ privacy leaks please make me aware so I can do my best to resolve these immediately.

If your treatment causes me to seek professional consultation, I will use every precaution to not give identifying information. If I am incapacitated my confidential Records' Custodian and Emergency Clinical Coordinator designee is Angel Jernigan, LPC 205-538-4710. Be sure to save this information for your future reference.

It is critical that you understand the circumstances in which, **BY LAW, I AM REQUIRED TO REPORT** limited information that you disclose to me.

Rhonna W. Phillips

Counseling & Therapy Services, LLC

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1. If there is **suspicion of ABUSE** of vulnerable persons such as children, the elderly (60yo +), or the disabled... I must notify The Department of Human Resources (DHR) or the Police or ensure you self report.
2. If you are at imminent risk of committing **SUICIDE** or in clear danger of seriously harming yourself putting you at risk of death. Thoughts alone do not = hospitalization, as long as we can make a viable safety plan agreement that includes support person/s.
3. If you are at imminent risk of **KILLING** another person or in clear danger of **seriously harming another**. I have a **DUTY TO WARN**. If you have a **communicable DISEASE** that can be fatal, and you intend to put a person at this risk, I have a duty to report it to the local Health Dept & to warn the person at risk of harm. AL Health Depts have an anonymous partner notification program.

For both #2 and #3 the Police and/or Emergency Medical Services (EMS) would be notified, unless you agree to have your designee transport you **immediately & voluntarily to the Hospital for further Psychiatric** assessment.

4. **I must provide the records or testimony ordered, if a Judge orders me, or in situations like:** client mental health hospitalizations, court ordered assessments, any civil, criminal, or disciplinary **DEFENSE** of ME that involves your mental or emotional condition, or if a victim of sexual assault or family violence died, I may have no choice. Clients being treated with Substance Abuse disorders have special protections of those records, **EXCEPT** if they commit a crime on the premises (and it is a federally funded program like TASK or Beacon Addiction Ctr.)

Client's local emergency contact is:

_____ relation _____ Ph: _____

Client acknowledges as understood

Date

Rhonna W. Phillips, MA
Licensed Professional Counselor & Supervisor
Licensed Marriage and Family Therapist

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