

Rhonna W. Phillips

Counseling & Therapy Services, LLC

HOW CONFIDENTIALITY WORKS

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 or guardian, etc. Thereby it is your choice if you Request or Consent to Release any Information about your treatment. You can limit what is released and you can revoke this consent at any time. For multiple participants, all must be in agreement or I can only release a summary that is specific to the requestor only!

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. The outer office remains locked. My office door is locked and your files are kept in my locked cabinet. After services are ended, your files are kept locked for 7-10 years depending on your age. Technology I use, like my computer and work cell phone are password protected. My computer is encrypted. Even so, with their use privacy cannot be guaranteed. No audio or video recording devices are to be used at any time, by any participant, unless there has been written permission by all participants in advance. While working with me, if you see any potential for 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 so as to not give any identifying information. If I am incapacitated my confidential Records' Custodian and Emergency Clinical Coordinator designee is Angel Jernigan, LPC 205-538-4710.

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

1. If there is suspicion of ABUSE of vulnerable persons such as children, the elderly, the disabled... I must notify The Department of Human Resources (DHR).
 2. If you are in clear danger & imminent risk of committing SUICIDE or seriously harming yourself.
 3. If you are in clear danger & imminent risk of seriously harming or KILLING another person. I have a DUTY TO WARN. For both #2 and #3 the
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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 Psychiatric** assessment. If you have a **communicable DISEASE** that can be fatal, and you have intent to put a person at this risk, I have a duty to report it to the local Health Authorities & to warn the person at risk of harm.

4. **If a JUDGE orders me or in situations like:** 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; I **must provide the records or testimony ordered.**

Emergency contact is:

_____ Hm: _____ C: _____

Acknowledged as understood

Date

Rhonna W. Phillips, MA
Licensed Professional Counselor & Supervisor
Licensed Marriage and Family Therapist
Collaborative Practitioner
Qualified Family & Domestic Relations Mediator

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