

Reclaim Strength Counseling, LLC
615-492-8599

Notice of Privacy Practices

This notice describes how clinical information about you may be used and disclosed. Please review it carefully.

The confidentiality of services provided by Reclaim Strength Counseling, LLC are protected by professional ethics and law. Your privacy and confidential information is very important to us and we are committed to protecting it. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share clinical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of clinical information.

Legal Duty

- The law requires us to keep your clinical information private.
- The law requires us to give you this notice describing our legal duties, privacy practices, and your rights regarding your clinical information.
- The law requires us to follow the terms of this notice that is now in effect.
- We have the right to change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
- We have the right to make the changes in our privacy practices and the new terms of our notice effective for all clinical information that we keep, including information previously created or received before the changes.
- If any changes to this policy are made, we will make the new policy available to you.

Use of Your Clinical Information

We will not use or disclose your clinical information for any purpose not outlined in this policy without your specific written authorizations.

- We use your clinical information to provide you with clinical treatment or services. We may disclose clinical information about you to doctors, nurses, technicians, clinical students, or other people who are taking care of you.
- We may use and disclose your clinical information for payment purposes.

Limits On Confidentiality

The law protects the privacy of all communications between a patient and a clinician. In most situations, we can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements. There are other situations that require that you provide written advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- We may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, we make every effort to avoid revealing the identity of clients. The other professionals are also legally bound to keep the information confidential.

- If a client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection. There are some situations where I am permitted or required to disclose information without either your consent or authorization:
 1. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the therapist-patient privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
 2. If a government agency is requesting the information for health oversight activities, I am required to provide it for them.
 3. If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
 4. If a patient files a worker's compensation claim, I may disclose information relevant to that claim to the patient's employer or the insurer.

- There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm, and I may have to reveal some information about a patient's treatment:
 1. If I know or suspect that a child under the age of 19 has been abused or neglected, the law requires that I file a report with the appropriate governmental agency, usually the Alabama Department of Human Resources. Once such a report is filed, I may be required to provide additional information.
 2. If I know that an elderly or disabled adult has been abused, neglected, exploited, sexually or emotionally abused, the law requires that I file a report with the appropriate governmental agency, usually the Alabama Department of Human Resources. Once such a report is filed, I may be required to provide additional information.
 3. If a clear and immediate threat of serious physical harm to an identifiable victim is communicated by a patient then I am required to communicate confidential information to a potential victim, the family of a potential victim, law enforcement authorities, or other appropriate authorities.

I hereby acknowledge that these limitations on confidentiality have been read by me and/or explained to me and I agree to abide by them. I have been given the opportunity to discuss these concepts and conditions and to ask for clarification.

Client or Legal Guardian's Signature

Date

This notice takes effect on 4/12/2024 and remains in effect until further notice.