

HYGEIA COUNSELING SERVICESSM

a d u l t p s y c h o t h e r a p y



Notice of Privacy Practices Receipt

I have received a copy of the Notice of Privacy Practices (as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA)) and I have read it, or had it read and explained to me.

Additional Information About Confidentiality of Mental Health Information

All information shared between us is kept in the strictest confidence, and shared only with your prior permission or in accordance with the Notice of Privacy Practices.

In keeping with standard professional practice, I may arrange consultations or supervision with respected mental health professionals. I may participate in group case conferences in order to assist me in providing the most beneficial treatment possible. Permission is hereby granted to share:

- Non-identifying anonymous information with professional colleagues for the purpose of case consultation.
- All necessary case file information for consultation or supervision.

Confidentiality may only be broken under rare conditions such as:

- When there is substantial risk of imminent & serious injury to you or others.
- In most cases of elder and child abuse.
- As required by law, when my records are subpoenaed by a court of law, or in cases where I have to defend myself in legal proceedings with the client.

Please sign below.

Signature

Date

Version 01/02/11

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