



# Living Hope

Family Therapy and Counseling  
1401 E. Taft, Sapulpa, Ok. 74066  
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**Dr. Allen Schneider, D.Min., LMFT**

## NOTICE OF PRIVACY PRACTICES

Effective date: May 1, 2015

This notice describes how medical/mental information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

### I. CONFIDENTIALITY

As we begin treatment together information regarding your physical, relational, and mental health will be shared with me and appropriate administrative records and clinical notes will be maintained. These records constitute your PHI (protected health information). As a general rule, this information will be kept in a secure place and except in situations detailed by this statement, will be held in confidence. Further, any information you share with me, even if not documented in written form, will be considered confidential.

### II. DISCLOSURE OF INFORMATION

There are, however, several exceptions to this general rule. Your protected health information may be disclosed under the following circumstances:

#### A. WITH YOUR CONSENT

As indicated by your signature on this document, I may disclose necessary PHI for the purposes of:

1. Consultation: I may occasionally find it helpful to consult other health and mental health professionals about your case. During these consultations I will make every effort to avoid revealing your identity.
2. Payment: Should you decide to submit your statements to an Insurance Company for reimbursement of fees, I may be asked to verify certain aspects of your treatment and care.

3. Health Care Operations: I may call, email, or mail you regarding the scheduling of appointments and/or other administrative operations. I will do so in a manner indicated by you.

#### B. WITH YOUR AUTHORIZATION

As indicated by your signature on a "release of information" form, I may disclose, in either verbal or written form, PHI to specific individuals whom you designate. These may include (but are not limited to):

1. Physicians: who are directly involved in your treatment or care.
2. Mental Health Professionals: whom you have seen or are presently seeing for specific services.
3. Attorneys: who may be overseeing legal aspects of your care.
4. Court Representatives: such as probation officers and/or court appointed social workers who may be assigned to follow your treatment.
5. Family Members: who may be directly involved in the oversight of your treatment and/or care

#### C. WITHOUT YOUR CONSENT OR AUTHORIZATION

As mandated by law or ethical practice, I may disclose your PHI to appropriate individuals or proper entities in situations involving:

1. Threat of Violence or Harm to Others.
2. Threat of Violence or Harm to Yourself.
3. Reasonable Suspicion of Child Abuse.

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4. Reasonable Suspicion of Abuse to the Elderly or Handicapped.
5. Issuance of a Valid Subpoena or Court Order.
6. A Filed Complaint or Lawsuit Against My Practice.
7. Request of a Government Agency for Health Oversight Activities.

8. **Medical Emergency:** I may use or disclose your PHI information in the case of a medical emergency. In such instances I will submit information to medical personnel only in order to prevent serious harm.

### III. CONFIDENTIALITY IN FAMILY COUNSELING

When counseling with couples or families, confidentiality becomes a more complex matter. Three specific situations should be noted:

#### A. Release of Information:

When couples or families are seen together and a request is made for a release of information, such a release requires a signature of authorization of all participants who are of legal age.

#### B. Individuals Seen in Counseling

When couples or families have begun conjoint therapy and it becomes necessary to see one member of the family individually, there are limits (at the discretion of the therapist) to confidentiality. Generally speaking we maintain a “no secrets” policy. When one member of the family desires individual counseling in addition to conjoint therapy, Dr. Schneider can assist in making arrangements with another therapist.

#### C. Children Seen in Counseling:

Since the focus of this practice is “family therapy,” children under the age of 18 are usually seen along with their parent or guardian. There may be situations when individuals counseling is appropriate. In these situations an agreement of confidentiality will be discussed and signed by all parties. While parents usually have a right to information disclosed by their children in counseling, the exercise of this right may be detrimental to the therapeutic process. In these circumstances it is usually

best for parents to agree to obtain a “summary” of the counseling process rather than details of disclosure.

### IV. YOUR RIGHTS REGARDING YOUR PHI

As a client you have certain rights regarding the PHI we maintain about you. These rights include the following:

#### A. Right of Access to Inspect and Copy

You have the right, which may be restricted only in exceptional circumstances or with documents released to us, to inspect and copy PHI that may be used to make decisions about services provided.

#### B. Right to Amend

If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.

#### C. Right to an Accounting of Disclosures

You have the right to request an accounting of the disclosures we have made regarding your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

#### D. Right to Request Restrictions.

You have the right to request a restriction or limitation on the use or disclosure of your PHI for services, payment, or business operations. We are not required to agree to your request.

#### E. Right to Request Confidential Communication.

You have the right to request that we communicate with you about PHI matters in a specific manner (eg. telephone, email, postal mail, etc).

### V. COMPLAINTS

If you believe that any of your rights have been violated, have the right to file a complaint in writing with the Secretary of the US Department of Health and Human Services. (Address provided upon request.)

***You will be asked to sign a document indicating that you have read and received a copy of these policies.***

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