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Confidentiality Notification
Confidentiality of Alcohol and Drug Abuse Patient Records

In accordance with federal and state laws, all staff will maintain and protect the confidentiality of any information a client shares with SCC. No information will be released or given to other person or agencies outside the mental health system, unless proper permission is given and signed by the client or representative/guardian via a release of information.

The confidentiality of alcohol and drug abuse patient records maintained by Stone city Counseling, Inc is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient is engaged in any services of Stone City Counseling, Inc unless:

1. The client consents in writing.
2. The disclosure is allowed by a court order and subpoena.
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime.

I understand that confidentiality of mental health records are also protected and have the following limited exceptions:

- A. **Suicide/Homicide:** When there is risk of imminent danger to myself or another person, the clinician is ethically bound to take necessary steps to prevent such danger. Such necessary steps are to follow through with information to proper authorities when such imminent harm presents.
- B. **Child/Adult/Disabled:** When there is suspicion or alleged abuse of Children, the Elderly or the Disabled, the clinician is required by law to report such to the proper authorities.
- C. **Court order/Subpoena:** Mental health providers can be required to relinquish a copy of written mental health records to appropriate courts. They may be subpoenaed to testify in court without your consent. In such cases a proper hearing is held and providers make every effort to inform clients of this release.
- D. **Minors:** Certain situations will require mental health providers to inform parents/guardians.
- E. **Billing purposes:** Please reference the HIPAA form and be advised that diagnosis is required to bill insurance and some carriers may require additional records.

(See 42U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42CFR par 2 for Federal regulations.)
(Approved by the Office of Management and Budget under control number 0930-0099)

The prohibitions and terms of the rules concerning disclosure of patient records or information contained therein apply to all individuals including but not limited to any personnel, interns, volunteers, researchers, auditors and any of same of **STONE CITY COUNSELING INC** who have access to such records or information. These prohibitions and terms continue to apply to such individuals with respect to such records or information after the termination of their employment or other relationship that permitted such access.

By signing this form I agree to comply with **STONE CITY COUNSELING, INC's** requirements on confidentiality. I understand that federal and state law may provide for penalties in the event of violation of these policies. I acknowledge that I have received and reviewed a copy of this notice, have been given an opportunity to ask questions and may receive a copy of this form, if I request it, and have been given information on accessing a copy of the Indiana and/Federal laws.

Client Print Name: _____

Client Signature: _____

Date: _____

Staff Signature: _____

Date: _____