

Notice of Privacy Practices

Thomas Michael Brunner, PhD

I am committed to keeping everything you share completely confidential. Whatever you speak about will not be shared with anyone else without your written permission. However, there are certain limits to this confidentiality that I would like you to know about.

- 1) If you have been referred by the court or any agency of the court, I may be required to furnish information to them.
- 2) If you are involved in certain kinds of litigation, such as worker's compensation, and inform the court of the services you have received from us, you may be waiving your right to have your records remain confidential. This would need to be clarified with your attorney.
- 3) If you threaten to harm yourself or someone else, I am obligated to inform potential helpers or victims. Information would be divulged only if I perceive that there is imminent danger to a readily identifiable victim, yourself, or the public. I am obligated to warn and protect if I believe you intend to carry out serious violence, even if you have not made a specific verbal threat.
- 4) If I have reason to suspect there is child abuse or neglect, I am obligated by law to report this to the appropriate state agency.
- 5) If I reasonably believe that a vulnerable adult is being abused, neglected, or exploited, I may report this information to the county adult protective services provider.
- 6) If you are a minor, your parents or guardians will be informed of your progress, if they ask. However, I will not reveal specific details of our conversations without your permission unless I determine that your safety or basic psychological stability are at risk.
- 7) Your health care insurance may require information to process claims or to authorize benefits.
- 8) If anyone issues a subpoena, I may be compelled to testify before the Board and produce your relevant records and papers.

If you are concerned about some of your information, you have the right to ask me not to use or share it for treatment, payment, or administrative purposes. You will have to tell me what you want in writing. Although I will try to respect your wishes, I may not be able to agree to these limitations. However, if I do agree, I promise to comply with your wishes. You will be told if your information is shared per the privacy limitations listed above.

You have the right to request to receive confidential communication by alternative means and at alternative locations. For example, you could request that bills/statements be sent to a different address if you didn't want a family member to know about them.

You can request to inspect, obtain a copy of, or amend information about yourself in our mental health or billing records. Under certain circumstances, your request may be denied, but you may be able to have this decision reviewed.

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, please discuss them with me. You can also send a written complaint to the Secretary of the US Department of Health and Human Services.

After you have signed this consent, you have the right to revoke it (by writing a letter telling me you no longer consent), and I will comply with your wishes about using or sharing your information from that time on. However, if I have already used or shared some of your information, I cannot change that. Please sign and date this sheet to acknowledge that you have read and understood this notice of privacy policies. This form complies with federal regulations (HIPAA).

I have read, understood, and agreed to the section entitled “Privacy Practices”

Parent/Guardian Name: _____

Signature of Patient or

Parent/Guardian: _____ Date: _____