



## INTEGRITY PSYCHOLOGICAL SERVICES, P.C.

### CLIENT CONFIDENTIALITY IN THERAPY

**PLEASE NOTE:** *It is important that you read the information below. Please mark any portion that you do not understand or about which you have questions. During your initial session, your therapist will discuss this information with you and answer any questions you may have. You and your therapist will then sign the "Informed Consent to Treatment" document to acknowledge that you have reviewed and understood all of the issues and points raised.*

Integrity Psychological Services firmly adheres to all relevant legal and ethical standards governing the practice of psychology. Many of these standards are contained in professional or legal documents such as the American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct; the Pennsylvania State Board of Psychology Professional Psychologists Practice Act; and the U.S. Department of Health and Human Services Health Insurance Portability and Accountability Act (HIPAA).

One of the cornerstones of psychological practice set forth in these standards is the concept of client confidentiality. Confidentiality ensures that except in certain limited situations, everything a client tells a therapist stays between only the client and the therapist. All client information is confidential, including anything said or written during the course of treatment, as well as the fact that someone is receiving psychological services at all.

Confidentiality is a vital and integral part of the therapist-client relationship. Some people don't feel comfortable with the idea of seeing a therapist because they are worried that others who don't understand what therapy is may think they are "weak" or "crazy." Confidentiality allows people to see a therapist in private, without fear of being stigmatized in this way. Others may find it difficult to share potentially embarrassing or upsetting issues with a therapist, and confidentiality allows them to be open and honest about deeply personal information without fear that others will find out.

Integrity Psychological Services has the utmost respect for confidentiality and the privacy of our clients, and you can be assured that everything our clients say is treated with great care. If you request that we talk about you (or your child) or send your records to someone else, including other professionals, we will ask you to first fill out and sign a "release of information" form, which spells out what information can be shared and for what purpose. Without such a release, we cannot even acknowledge that someone is a client in our practice, as that would be a breach of confidentiality.

Confidentiality, however, does not always apply to all situations. There are some limits to confidentiality, including times when the law requires us to disclose information to others. We need to discuss these, because we want you to understand clearly what we can and cannot keep confidential. You need to know about these rules now, so that you don't tell us something as a "secret" that we cannot keep secret.



## LEGAL LIMITS OF CONFIDENTIALITY

As mental health professionals, there are a few situations in which we are legally required to breach confidentiality, which means giving client information to others without prior consent. These situations happen relatively rarely, and they may require us to disclose confidential information to other people, professionals, institutions, or state agencies in order to protect your safety or the safety of others. If such a situation comes up, we will make every attempt to fully discuss it with you before we do anything, unless to do so would be unsafe or cause additional harm.

Because we feel that confidentiality is such a necessary and important part of the therapy relationship, we only reveal what is absolutely necessary in these situations, and we keep everything else confidential. If you are concerned that we will disclose something you want to say, you are welcome to ask us general questions about our legal and ethical obligations. You may also want to talk to an attorney before discussing anything that you feel may be harmful.

**Threat of Harm to Self** If you (or your child) seriously threaten to harm yourself, or act in a way that is likely to harm yourself, the law requires us to try to protect you. This may mean talking to others who can help, such as family members, or it may lead to hospitalization. Note that this limit to confidentiality does not apply to general thoughts or feelings that do not constitute a serious or imminent threat.

**Threat of Harm to Others** If you (or your child) threaten serious and imminent harm to another person, the law requires us to try to protect that person. This usually means telling others about the threat, such as the target of the threat and/or the police, and it may lead to hospitalization.

**Life-Threatening Emergencies** In an emergency, where your (or your child's) life or health is in danger and we can't get your consent, we may give another person information to protect your life. We will always try to get your permission first, and we will discuss this with you as soon as possible afterwards.

**Report of Child, Elder, or Disabled Person Abuse** In the State of Pennsylvania, "abuse" can be defined as any action or failure to act (neglect) which causes or threatens to cause serious mental injury, serious physical injury, or sexual abuse or exploitation. If we believe or suspect that a child, an elderly person, or a disabled person has been or will be abused, we may be legally required to file a report with the appropriate state agency in order to protect this person. We may be obligated to report any details we know of the abuse and the people involved, but we do not have any legal power to investigate the situation or find out all the facts – that is the responsibility of the state agency.

**PennDOT Medical Reporting** The State of Pennsylvania requires healthcare professionals to report any client over the age of 14 who has a condition that could impair his/her ability to safely operate a motor vehicle. We are obligated to make the report, but only the Pennsylvania Department of Transportation (PennDOT) has the power to investigate the situation or take action related to the client's driver's license.

Examples of conditions that may trigger a PennDOT medical report include driving under the influence of drugs or alcohol, active suicidal behavior, hallucinations or delusions, or excessive aggressiveness and disregard for the safety of others.

## CONFIDENTIALITY IN LEGAL PROCEEDINGS

In general, if you (or your child) become involved in a court case or proceeding, you can prevent a mental health professional with whom you have had a professional relationship from testifying about you. This is called “privilege.” You can choose whether to permit the testimony or to ask the professional to assert the privilege on your (and/or your child’s) behalf.

In some situations, however, a judge may issue a court order that requires a mental health professional to testify, or else that professional may face legal charges. Examples include:

- ⇒ A child custody or adoption proceeding in which parental fitness is questioned.
- ⇒ A case in which the client’s emotional/mental condition is important to the court’s decision.
- ⇒ A malpractice case or investigation against the therapist.
- ⇒ A civil commitment hearing to decide if you (or your child) will be admitted to or remain in a psychiatric hospital.

## CONFIDENTIALITY IN TREATMENT MANDATED BY OTHERS

In some situations, a court, agency, or employer may send a client to a mental health professional for mandated evaluation or treatment. In these cases, the referring party may ask for information such as attendance, general progress in treatment, or results of an evaluation.

If another party has required your treatment, please let us know immediately. Because mandated treatment does not usually represent a legal exception to confidentiality, you will need to sign a release of information in order for us to communicate about you with others. The release will clearly state the information that will be shared, and we will only reveal the minimum amount of information necessary to fulfill the purpose of the mandate.

## CONFIDENTIALITY WITH OTHER PROFESSIONALS

There are a few situations in which we might reveal some limited information about part of your (or your child’s) condition or treatment to another healthcare professional. Because the information would be given to someone who is bound by the same legal regulations and ethical principles as we are, they would be required to keep any information received fully confidential.

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| <b>Vacation Coverage</b> | When your (or your child’s) therapist will be away from the office for a few days or more, another therapist at Integrity Psychological Services will provide “coverage.” This therapist will be available in crises and emergencies and will therefore need to know a few details about you in order to be of maximum assistance. |
| <b>Professional</b>      | We may sometimes consult with other professionals about your (or your child’s)   |

**Consultation** treatment in order to maintain a high quality of service. When we do this, we will change or omit your name and other information to disguise your identity, and we will only disclose information that is needed to serve the purpose of the consultation.

## CONFIDENTIALITY WITH INSURANCE COMPANIES

In order for your health insurance company to cover your (or your child's) treatment with us, the treatment must be considered "medically necessary." This means, among other things, that the treatment must effectively address a valid psychiatric diagnosis or condition.

This requirement means that your insurance company may ask us for information about a client's treatment in order to be sure that the services they are covering are medically necessary. This information can include current symptoms, level of functioning in a variety of areas, social and psychological history, diagnoses, treatment plan, and progress in treatment. We will provide only as much information as the insurance company requires to continue to cover your treatment.

If this should occur, we will notify you of the information discussed and the results of the discussion. Once revealed, this information becomes part of your permanent medical record with the insurance company. While it is against the law for insurers to release your information to anyone without your written permission, please understand that we have no control over how your records are handled at the insurance company.

## CONFIDENTIALITY OF CLIENT RECORDS

**Client Access to Records** We are required to keep written records of your (or your child's) treatment. You have the right to review the records, request a copy, and add to or correct them as you see fit. If something in the records may be harmful, the therapist may temporarily leave it out but will fully explain the reasons for the omission.

**Third Party Requests for Records** If your (or your child's) records need to be seen by another professional or other third party, we will discuss the situation with you prior to taking any action. If you would like us to share these records, you will need to sign a release of information form (for couples clients, both clients will need to sign). This form spells out exactly what information is to be shared, with whom, and why, and it also sets time limits. A copy of this form can be found on our website at [www.integritypsych.com](http://www.integritypsych.com).

**Disposition of Records at the End of Treatment** It is our office policy to destroy client records 15 years after the end of treatment. Until then, we keep client records in a locked file drawer. If your (or your child's) therapist has to discontinue your treatment due to illness, disability, or other unforeseen circumstances, he or she will ask for your written authorization to transfer your records to another therapist who will assure their confidentiality, preservation, and appropriate access.

## CONFIDENTIALITY WITH ADOLESCENT CLIENTS

In the State of Pennsylvania, children under the age of 14 can only participate in mental health treatment if their parent or guardian gives permission. In addition, their records and the content of their sessions can be shared with their parents or guardians.

Adolescents between the ages of 14 and 17 can legally consent to mental health treatment by themselves. In addition, children and adolescents of any age can consent to substance abuse treatment by themselves. If an adolescent provides his or her own consent, all information is treated as confidential, even from parents or guardians, unless a release of information has been obtained. If an adolescent's parent or guardian provides the consent, however, the adolescent's confidential information and treatment record can be shared with his or her parents or guardians.

We believe that treatment of children and adolescents of any age is most helpful if they can feel safe and free to talk without fear of their parents finding out what they've said. We also recognize, however, that parents are critical figures in their children's lives and need to be able to make well-informed decisions regarding the treatment of their children. Therefore, we work with children and adolescents in all situations to help them share important information directly with their parents, especially if the information relates to their own or another family member's safety.

## CONFIDENTIALITY WITH COUPLES CLIENTS

When a couple is seen for therapy, our therapeutic relationship is with the couple as a whole, not the individual members of the couple. If you tell your therapist something that your partner does not know, whether over the phone or in a session, your therapist will not keep that information confidential, especially if not knowing could cause harm. He or she will instead work with you to decide on the best long-term way to handle the situation.

## OTHER CONFIDENTIALITY ISSUES

**Privacy Preferences** On the Client Data Sheet, we ask for your preferences regarding how you would like (or not like) to be contacted by Integrity Psychological Services. We will respect these preferences to ensure your privacy. Please let us know as soon as possible of any changes to this information.

**Confidentiality Outside of Therapy** If you happen to see us on the street or socially, we will not say hello or talk to you unless you talk to us first. This behavior is not a personal reaction to you, but a way to maintain the confidentiality of our relationship. In addition, please note that any information you share with us outside of therapy, willingly and publicly, is not legally considered to be protected or confidential. We also ask you not to disclose the name or identity of any other client being seen here.

***Please complete and sign the "Informed Consent to Treatment" document, which acknowledges your receipt and understanding of the information contained above, and return it to your therapist. Please retain this document for your records so that you will be able to refer to it in the future, if needed.***