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### NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used by myself be kept confidential. Contents of all sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions by law are as follows:

1. If I have reason to believe that a child has been subjected to abuse or neglect
2. If I believe you present an imminent, serious risk of injury to yourself, I may make disclosures that I consider necessary to protect you from harm
3. If you communicate to me a specific threat of imminent harm against another individual, I may make disclosures that I believe are necessary to protect that individual from harm
4. If I receive an enforceable court order or subpoena to testify in or release documents to a court
5. When you request and give written consent for me to exchange information with another party
6. Necessary information requested by insurance companies and other third party payers
7. I use consultation with other mental health clinicians. In this case, those clinicians are bound by the same confidentiality rules

I have read the above Notice of Privacy Practices and agree to the limits:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_