

**FORENSIC COUNSELING ASSOCIATES, P.C.**  
124 Edinburgh Court Suite 105 Greenville, South Carolina 29607 Phone  
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**INFORMED CONSENT**

Due to the Health Insurance Portability and Accountability Act (HIPAA), this office has informed me of how my Protected Health Information may be used, disclosed, or how I can gain access to this information. Protected Health Information is defined as the following:

1. Any written or printed material that relates to information disclosed through an evaluation, treatment documentation; etc.
2. Any written or printed material I have provided to this office and was placed in my records i.e. letters.
3. Any written or printed materials that I received from another Agency or individual that pertains to me.

The HIPAA regulations require this office to do the following:

1. Maintain privacy of the records/ information
2. This office will notify me in order to describe the manner which it will maintain the privacy of my information
3. This office will notify me regarding my rights as they relate to the information
4. This office will notify me of any changes in privacy practice
5. The most stringent of standards will be used to protect my information

Information that can be disclosed with my permission

- By signing the Consent to Release Information form from a designation agency or licensed professional to receive my information, this office will provide them with the information.
  - If I designate an insurer or agency to pay for all or part of my therapy services, the insurer or agency have access to my records. I will be informed if information is released.
- I have the right to read the information released.
  - Any client under the age of fourteen, then the information will be released with the consent of a parent or guardian.

Information that can be disclosed without my permission

- If a court order is provided, then your records will be released.
- In an emergency situation where there is risk of serious risk to bodily, then information will be released.
- If I reveal any physical or sexual abuse of anyone under the age of eighteen, this office is mandated to report this information.
- If I am going to harm myself or take any action to harm myself, then this office will take action to protect me i.e. psychiatric evaluation; hospitalization; etc.
- If I reveal to this office that I am going to harm an individual, action will be taken to protect this person:
  - Contacting the person and/ or guardian of the person to warn them of my intent,

- Contacting law enforcement of my intent
- Notifying propionate agencies or treatment professionals

#### Access over records

I may have access to my information; however, this office will not release information or copies of your information to you or to other individuals. Information will only be released to agencies or professionals than can ensure privacy.

I may be denied access to information under 2 circumstances: 1) when disclosure will be harmful to treatment; 2) when disclosure would violate the privacy of others who have provided confidential information. If I am denied access, this will be noted in my records.

- Anyone under the age of 14, a parent or legal guardian has access to your records. -  
When you review your records, this office will require a mental health professional be present to offer explanation or to interpret the information.
- If I disagree with the information in my records, I may enter a written statement that refutes this information.

#### Clinical Supervision

Employees of Forensic Counseling Associates participate in Clinical Supervision as outlined by the National Association of Social Workers. This means that details of my case will be discussed in the context of confidential, therapeutic/ clinical supervision. No identifying information regarding my case will be revealed to the professional conducting the supervision.

I, \_\_\_\_\_ have reviewed the Privacy Policy of the office of Forensic Counseling Associates,  
P.C.

Date