

## **Confidentiality Policy**

It is of the utmost importance that information about you, your child, and family, remains absolutely confidential whenever possible. I will generally assume that you wish your personal information to remain strictly confidential, unless you specifically tell me otherwise. It is my usual practice to request your written consent via the Release of Information Form in any situation where I believe that additional information from an outside party would be beneficial.

To maximize your/your child's privacy, I do not involve other agencies in billing, scheduling, or other administrative aspects of my practice. I feel this provides you with a higher level of confidentiality than would be possible in a larger clinic or group practice.

If you/your child are seeing a psychotherapist in addition to me, I will generally request your permission to remain in touch with that person. I may also request permission to allow contact with your/your child's primary care physician or other individuals who interact critically with our work. It is of course your choice whether to permit such contact or not.

Privacy and confidentiality is very important during the treatment of children and adolescents. Quite understandably, many parents/caretakers want to know what transpired in psychotherapy or medication management sessions. However, some degree of confidentiality is essential in order to develop a therapeutic alliance with patients (particularly adolescents). This alliance subsequently improves the quality of their psychiatric care. Therefore, I will use my clinical judgment in deciding whether and when to relay information to parents that has been revealed to me by patients. In most cases, if I feel information needs to be communicated to parents, I will encourage the patient to do so themselves. In clinically urgent or emergent situations, I will relay the information to parents myself.

The greatest level of privacy can be obtained by not involving insurance companies in your/your child's mental health care. However, if you request, the office will supply you with invoices for the sessions, which you may submit to your insurance company seeking reimbursement. This allows you the greatest control over where and when any information about you is released. Please know that insurance companies require a diagnosis and description of the service rendered in order to cover any costs; this information will be indicated on the invoice.

There are unusual circumstances in which the law may require a health professional to release information about you/your child without your authorization. These situations are very rare and I will work relentlessly to avoid them. Such situations include: (1) If I have reason to believe that you/your child poses a direct threat of imminent harm to any individual (including yourself), and (2) If I have reason to believe that abuse or neglect of a child, elder, dependent or disabled person is taking place.

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Finally, although patient/psychiatrist communications are generally protected as confidential under the law, I may be required to use or disclose information about you in the course of a judicial or legal proceeding if I am ordered by a court to do so. I also reserve the right to use and disclose information about you if doing so is necessary to defend myself in legal action brought against me in relation to your care.