

**BEVERLY J. FORD, PH.D.**  
**Licensed Clinical Psychologist PSY 17089**  
**Certified Employee Assistance Professional (CEAP)**  
**D.O.T. Recognized Substance Abuse Professional (SAP)**  
**1141 Pacific Street, Suite F**  
**San Luis Obispo, CA 93402**  
**(805) 542-0100**

### **Limits of Confidentiality**

The contents of a counseling, intake, or assessment session 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. It is my policy not to release any information about a client without a signed release of information. Noted exceptions are as follows:

#### **Duty to Warn and Protect**

When a client discloses intentions or a plan to harm another person, all health care professionals are required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, all health care professionals are required to notify legal authorities and make reasonable attempts to notify the family of the client.

#### **Abuse of Children and Vulnerable Adults**

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, all health care professionals are required to report this information to the appropriate social service and/or legal authorities.

#### **Prenatal Exposure to Controlled Substances**

Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

#### **Professional Misconduct**

Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

#### **Court Orders**

Health care professionals are required to release records of clients when a court order by a judge has been placed.

#### **Minors/Guardianship**

Parents or legal guardians of nonemancipated minor clients have the right to access the client's records.

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### Other Provisions

When fees for services are not paid in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, case notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state the amount owed, time frame, and the name of the healthcare provider.

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information which may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed.

When couples, groups, or families are receiving services, separate files are kept for individuals for information disclosed that is of a confidential nature. The information includes (a) testing results, (b) information given to the mental health professional not in the presence of other person(s) utilizing services, (c) information received from other sources about the client, (d) diagnosis, (e) treatment plan, (f) individual reports/summaries, and (h) information that has been requested to be separate. The material disclosed in conjoint family or couples sessions, in which each party discloses such information in each other's presence, is kept in each file in the form of case notes.

In the event that I must telephone you for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please list where I may reach you by phone and how you would like me to identify myself. For example, you might request that when I phone you at home or work, I do not say my full name or the nature of the call, but rather use my first name only.

If this information is not provided to me, I will adhere to the following procedure when making phone calls: First I will ask to speak to you without identifying myself. If the person answering the phone asks for more identifying information I will say that it is a personal call. I will not identify myself (to protect confidentiality). If I reach an answering machine or voice mail I will follow the same guidelines, except I will leave a message using the name Dr. Ford and ask for a return telephone call.

Information is released only in very infrequent and limited circumstances where the law explicitly permits or requires disclosure--For example, when health or life reasonable appears to be in danger and when subsequent proceedings call for testimony based on imminent danger disclosure; or when a valid court order requires disclosure. You can end this authorization any time by placing it in writing to me. If you make a request to end this authorization it will not include information that has already been used or disclosed based on your previous permission, including any information already disclosed in a legal proceeding.

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Please check AND INITIAL where you may be reached by phone. Include phone numbers and how you would like me to identify myself when phoning you.

\_\_\_ HOME Phone number: \_\_\_\_\_  
How should I identify myself? \_\_\_\_\_  
May I say my name? \_\_ Yes \_\_ No

\_\_\_ WORK Phone number: \_\_\_\_\_  
How should I identify myself? \_\_\_\_\_  
May I say my first name? \_\_\_ Yes \_\_\_ No

\_\_\_ OTHER (Emergency Number) Phone number: \_\_\_\_\_  
How should I identify myself? \_\_\_\_\_  
May I say my first name? \_\_\_ Yes \_\_\_ No

\_\_\_ I authorize Dr. Beverly J. Ford to send appropriate correspondence regarding appointment changes and/or confirmations, billing information, and any other information deemed important to my home address or to the following address:

\_\_\_\_\_.

I agree to the above limits of confidentiality and understand their meanings and ramifications. Per the Privacy Rule of the Health Insurance Portability and Accountability Act , which went into effect April 14, 2003, information is released only in very infrequent and limited circumstances where the law explicitly permits or requires disclosure--For example, when health or life reasonable appears to be in danger and when subsequent proceedings call for testimony based on imminent danger disclosure; or when a valid court order requires disclosure. You can end this authorization any time by placing it in writing to me. If you make a request to end this authorization it will not include information that has already been used or disclosed based on your previous permission, including any information already disclosed in a legal proceeding. A copy of this form is being provided to you for your records. Please let me know if you have any questions, concerns, or changes.

Client's name (please print): \_\_\_\_\_

Client's (or guardian's) signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_