



The Soar Firm, LLC

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NOTICE OF PRIVACY PRACTICES

Your therapist is legally required to inform you of how he/she may use and disclose your Personal Health Information (PHI) to carry out treatment, payment, or health care operations and for other purposes permitted or required by law. This notice also describes your rights to access and control your PHI. PHI is data including demographic information that may identify you and relates to your past, present, or future physical or mental health/condition and related healthcare services. This disclosure should be carefully reviewed and saved for your files. Upon request, you have the right to obtain from your therapist an additional paper copy of this notice. This notice may be amended at any time which will result in a notification to you in person or by mail of any changes.

Limits of Confidentiality:

Except in the following circumstances, all information you disclose to your therapist is kept confidential and will not be shared with anyone outside of the practice. With numbers 1-3 below, mental health professionals are **required by law to break confidentiality in order to protect you and/or others who might be in danger.**

1. There is reasonable suspicion of child, dependent adult, or elder adult abuse or neglect.
2. There is reasonable suspicion you may present an imminent danger of violence to others.
3. There is reasonable suspicion you are likely to physically harm yourself (seriously injure or attempt suicide) in the near future unless protective measures are taken.
4. You currently or have previously received relevant treatment from another healthcare provider and have signed a Release of Information form so your therapist may consult with this provider. This will help better coordinate your treatment. While it is your decision whether to provide this consent, in some cases (i.e. – eating disorders or substance abuse), your therapist may not be able to treat you without such consent. In such cases, your therapist will need to terminate treatment and provide referrals to other providers.
5. With a completed and signed Release of Information form, your therapist can reveal all or portions of your records to any person or entity you specify. In advance of any disclosure, you have the right to inspect and know of any records/information to be given to such persons or entities. Your therapist will inform you whether or not he/she thinks releasing certain information to a specific person or entity might be harmful to you (i.e. – with the U.S. Dept. of Defense).



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6. If a court of law issues an order (not a subpoena) for release of your records, your therapist is legally required to comply with the order. However, it is rare for a court to issue an order overriding therapist/client confidentiality.
7. If you file a malpractice complaint against your therapist and his/her attorney believes it in his/her best interests to use all or parts of your treatment records for his/her legal defense.
8. We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin.
9. We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm.
10. We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.
11. We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
12. We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

Treatment of Adolescents

Adolescents 16 years of age and older have the right to consent to or deny treatment. The therapist will be diligent in maintaining the confidentiality of the adolescent and will not disclose any information relative to the adolescent's treatment to parents/guardian without a written and/or verbal consent. Therapist encourages parents/guardians to respect the confidentiality of the adolescent and requests that parents/guardians agree to only breach confidentiality if and when he/she becomes aware of the adolescent being in or placing others in imminent danger of physical harm.



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Participants in Couples or Family Therapy

In working with a couple or family, your therapist considers that couple or family as a whole (the “treatment unit”) to be his/her client. During therapy, your therapist may see a smaller part of the treatment unit for one or more sessions. These sessions should be viewed as a part of his/her work with the whole family or couple. If you are involved in one or more of these sessions, understand information gathered in these sessions is generally held confidential. However, with secrets that would otherwise impede treatment, it may be necessary to share information learned in one of these sessions with the entire treatment unit. Your therapist will use his/her best judgment as to what extent such disclosures need to be made. However, he/she will first give the holder of the secret the opportunity to make the disclosure him/herself. If your therapist is not free to exercise his/her clinical judgment in this regard, he/she may need to terminate treatment and provide appropriate referrals. If you need to discuss matters you absolutely do not want shared with the treatment unit, you should first consult with another therapist who can provide unbiased guidance. Please feel free to ask your therapist for referrals; he/she will keep your request private.

For couples participating in therapy, your therapist does not have preconceived notions about whether you should stay together or part ways. Your therapist believes it is important to explore such questions openly, honestly, and thoroughly. Once your goals are established, your therapist will work diligently to support you in achieving them, whatever they may be. Second, you are entrusting your therapist to use his/her professional judgment as it relates to individual confidences.

Communication Between Sessions

Your therapist cannot ensure the confidentiality of any form of communication through electronic media, including text messages even though your therapist will make diligent attempts to ensure no one will have access to their phone/voicemail, text messages, or email. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, your therapist will do so.

Email: Email accounts may be hacked, and any company/individual on whose server you access your email has the right to review your messages (even with personal accounts). Even if you do not explicitly give consent on a Client Contact Information form, if you initiate contact with your therapist via email, unless you subsequently request otherwise, he/she will assume you are willingly taking this risk and that he/she may use email (with your sending address) to contact you in the future.



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Text Messages: While text messaging is convenient, your therapist respects any client's reluctance to use text messaging as it is not a confidential form of communication. Even if you do not explicitly give consent on a Client Contact Information form, if you initiate contact with your therapist via text message, unless you subsequently request otherwise, he/she will assume you are willingly taking this risk and that he/she may use text messaging (with your sending phone number) to contact you in the future.

Public Encounters

To protect your privacy, if your therapist sees you in public (outside of the office building), he/she will not in any way acknowledge knowing you unless you do so first. If you do acknowledge your therapist, he/she will not disclose to anyone else present how he/she knows you; it is your decision whether or how to introduce him/her to anyone else present.

Client Records

You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set". A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes.

If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Amendments to This Policy

Your therapist reserves the right to change the terms of this notice and will inform you immediately in person or by mail of any changes.

Concerns/Complaints

Please contact your therapist with any questions or concerns about the privacy/security of your PHI. You may complain to your therapist directly and/or to the SC Board of Social Work Examiners and/or to the Secretary of Health and Human Services if you believe he/she has violated your privacy rights.

The effective date of this Notice is September 2020.