

## NOTICE OF PRIVACY PRACTICES

Welcome to River Valley Counseling Center (RVCC). The agency relies on the following policies and guidelines to ensure effective treatment. Please read them carefully. Your therapist will review them with you in your session and answer any questions you may have before asking you to sign the form.

**CONFIDENTIALITY:** All communication between you and your therapist at RVCC is kept strictly private and confidential. No one other than your therapist and other members of the treatment team may have access to this information without your WRITTEN permission, with the exception of the following legal limitations:

- If you are in danger of doing immediate harm to yourself or to others, your therapist may have to contact other agencies to assist in protecting your safety and/or the safety of others.
- In certain criminal or civil matters, our records and/or our professional testimony may be subpoenaed at the request of the court or attorney. Such events are rare, but if they occur, we would notify you upon our receipt of a subpoena.
- If a therapist suspects that a child, senior citizen, or disabled person is at risk of abuse or neglect, the therapist is bound by state law to report this to the state agency responsible for investigating allegations of abuse. In such circumstances, therapists will work with the person served to coordinate appropriate action and intervention.
- The privacy of my health record is protected under “HIPAA,” 45 CFR, pts 160 & 164, and the privacy of any alcohol and/or drug treatment records are also protected under the Federal Confidentiality & Drug Abuse Records regulations, 42 CFR, part 2. This means that no information regarding your history of substance use can be shared without your consent.

**In addition, please be aware:**

1. **CONSULTATION WITH THE TREATMENT TEAM:** Your therapist will review your care periodically with the Treatment Team at RVCC, which may include the Medical Director and other clinicians.
  2. **COMMUNICATION WITH INSURANCE COMPANIES:** Your signature permits us to provide your insurance company with information about your treatment. Most insurance companies require some information, such as diagnosis and treatment plan, to insure authorization and payment.
  3. **RECORDS:** You have the right to review your record, and/or receive a copy, within a reasonable time of your request. RVCC protects the confidentiality of your record at all times. In accordance with state regulations, your clinical record is retained in a locked, secure location for at least 20 years following your discharge from treatment, after which time RVCC may destroy your record in a manner that protects the privacy of all personal information.
  4. **PERIODICALLY, RANDOM QUALITY CHECKS ARE MADE:** You may be contacted for information and feedback regarding your treatment, your therapist and the clinic in general.
- ASSIGNMENT OF INSURANCE BENEFITS:** I hereby authorize payment directly to RVCC of all insurance benefits, otherwise payable to me, but not to exceed the balance due of the regular charges for services provided. I understand that I am financially responsible for the charges (e.g., deductibles, co-payments, etc.) not covered by this authorization.

Please contact the Privacy Officer at 413-540-1160.