

Howard Brockman, LCSW  
1620 Commercial St. SE  
Salem, OR 97302

This notice explains the information practices of Howard Brockman, LCSW, regarding clients of mine who use their health insurance and for those clients who pay per session. This notice serves as evidence of compliance with the health insurance portability and accountability act of 1996 (HIPAA), requiring updated federal standards for confidentiality and security practices, collection of information, disclosure of information, and restricting the disclosure of some information. By your signature at the bottom of this form, you are acknowledging having read through this information, received a copy of this notice and are consenting to abide by these rules.

### **Confidentiality and Security Practices**

I maintain policies and practices that protect the security and confidentiality of my current clients' and former clients' information.

- Access to current and former client records is restricted to my health insurance billing employee in order to perform her job duties.
- I maintain password protection on database access to prevent unauthorized entry.
- Please be advised that even though my internet browser is supported by standard security software encryption code to prevent third party snooping, e-mails sent to you cannot be guaranteed to be 100 percent confidential. I shall make every effort to protect information sent electronically, including the use of AVG antivirus software for any file attachments that I may send you. These same issues hold true for any e-mail that you may send to me.
- I maintain backup and recovery procedures for all database information.
- When I am meeting with a client or I am out of the office, the door to the other office where client records are kept will remain locked to prevent unwarranted access.
- It is current Oregon law that non-custodial parents have equal rights to access the records of minor children who are receiving counseling or psychotherapy. Legally, a "child" means an unmarried person who is under 18 years of age.
- If you choose to terminate therapy unilaterally, you may request and sign a release of information form to have your psychotherapy notes copied for another therapist with whom you may choose to continue your therapy. It is my policy that you sign a termination statement prior to your last session.
- Should you have any concerns or complaints about the therapeutic process, you will need to provide me with a signed and written letter describing your concern. I will make every effort to address your concern, discussing the issue with you to come to a satisfactory resolution. If you are not satisfied with the outcome to your concern, I will be happy to suggest another counselor or therapist for you and will provide a referral for you if requested.

### **Confidentiality and Security Practices (continued)**

I abide by the laws and ethical principles that govern privilege and confidentiality. I will not disclose to anyone anything you tell me, not even the fact that I have seen you for treatment without your written permission by way of a signed release of information form. There are few exceptions to these standards:

- Is legally required of me that I act to prevent physical harm to yourself or others when there is "clear and imminent" danger of that happening.
- I am legally required to report cases of ongoing child, elder and disabled abuse.
- I may have to release your records when ordered to do so by court subpoena. However, I will discuss this with you beforehand and request a written request from you if I judge this to be in your best interest.
- In the course of business, I may have to occasionally release some of your clinical information to insurance carriers as required by them for payment or review of your claim. This includes treatment plans required by managed behavioral health care insurance plans.
- On occasion, clinicians consult with colleagues about their work. If your case were ever discussed, it would be confidential and without your name for identifying information.
- You may request copies of your clinical records by written request. You will be charged copying and mailing fees, as well as preparation time billed to you at my normal hourly rate. Your request may be denied under the following circumstances:
  - If there is any possibility that the release of your records would endanger your life or physical safety, or that of another person
  - If there is any possibility that the release of your records would provide information about someone else likely to cause substantial harm (including psychological harm) to that person.
  - If there is any possibility that the release of your records would generate violence, abuse, or neglect to a personal representative and/or to yourself

I have read and understand your notice on confidentiality and privacy practices and have received a copy for my own records.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: These policies may be revised at any time without notice, subject to federal regulations that require modification.