



THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS. PLEASE REVIEW IT CAREFULLY.

I. Confidentiality

I will not disclose any information about you, or the fact that you are my client, without your written consent.

II. "Limits of Confidentiality"

Possible Uses and Disclosures of Mental Health Records without Consent or Authorization

There are some important exceptions to this rule of confidentiality. If you wish to receive mental health services from me, you must sign the attached form indicating that you understand and accept my policies about confidentiality and its limits. We will discuss these issues now, but you may reopen the conversation at any time during our work together.

I may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy, or because legally required:

- Emergency if you are involved in a life-threatening emergency and I cannot ask your permission, I will share information if I believe you would have wanted me to do so, or if I believe it will be helpful to you.
- Child Abuse Reporting: If I have reason to suspect that a child is abused or neglected, I am required by Pennsylvania law to report the matter immediately to the Allegheny County Department of Social Services.
- Adult Abuse Reporting: If I have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, I am required by Pennsylvania law to immediately make a report and provide relevant information to the Allegheny County Department of Welfare or Social Services.
- Serious Threat to Health or Safety: Under Pennsylvania law, if I am engaged in my professional duties and you communicate to me a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, or to yourself, and I believe you have the intent and ability to carry out that threat immediately or imminently, I am legally required to take steps to protect you and/or third parties. These precautions may include 1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18, 2) notifying a law enforcement officer, or 3) seeking your hospitalization.

If you feel that you are having a mental health emergency and feelings of harming yourself after hours or in the event your therapist cannot be reached you must call Resolve crisis services at 1-888-7-YOU-CAN (1-888-796-8266)

Other uses and disclosures of information not covered by this notice or by the laws that apply to me will be made only with your written permission.

III. Client's Rights and Provider's Duties:

- Right to a copy of this notice – You have the right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time. Changes to this notice: I reserve the right to change my policies and/or to change this notice, and to make the changed notice effective for information I already have about you as well as any information I receive in the future. The notice will contain the effective date. A new copy will be given to you. I will have copies of the current notice available on request.

Complaints: If you believe your privacy rights have been violated, you may file a complaint. To do this, you may send a written complaint to the U.S. Department of Health and Human Services.

EFFECTIVE DATE:

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Client's Acknowledgement of Receipt of Notice of Privacy Practices



Please sign, print your name, and date this acknowledgement form.

I have been provided a copy of Sprout Center for Emotional Growth and Development's Notice of Privacy Practices. We have discussed these policies, and I understand that I may ask questions about them at any time in the future.

I consent to accept these policies as a condition of receiving mental health services.

Signature: _____

Printed Name: _____

Date: _____