CICCIO COUNSELING CENTERS – PRIVACY NOTICE – MANDATED REPORTING

I (Client/Parent/Guardian)_____ understand that, although my counselor values my rights to privacy and will follow the professional standards regarding my privacy, there are circumstances in which he/she/they may be unable to maintain confidentiality. These circumstances are listed below:

1. In the event of possible suicide or homicide – professionals, family members or other persons directly involved may be notified without permission of the client, if the client or another person or persons is in life-threatening danger or crisis. This includes reports of suicidal or homicidal ideation with or without a plan (Tarasoff Law).
2. If a judicial court order demands access to a client's complete record or parts of their record.
3. If a client reports being a perpetrator of a physical, emotional, or sexual abuser towards a child, disabled person or elder – of if a client reports immediate knowledge of such abuses by another person – I am a mandated reporter and must report by Federal and State Law such information to the proper social service agency with or without client's permission.
4. Our team is routinely under clinical supervision. We may discuss this case with the appropriate clinical supervisor or Adam Ciccio, LMHC directly.
5. Your insurance provider, and/or our third party billing agency may require fairly detailed and specific information regarding your treatment. This information may include discussion of your treatment with a case reviewer employed by your insurer and complete of treatment plan reports that include your/your child's diagnosis, history, symptoms, and medications you are taking, and specific information about the process of your therapy and past functioning.

I understand that I will be requested to sign an Authorization to Obtain or Release Information form in order to give permission to reveal that I am in treatment and to discuss issues involving my treatment with any other person or agency. _____

I understand that there are certain protected categories and that my records may be protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in these regulations. _____

I understand that company progress notes and documentation related to your treatment progress are internal and will never be used or distributed outside of the office for any reason whatsoever and will not be provided in any record request, including back to the client/parent or guardian. _____

_____ _____

Signature of Client/ Or Signature of Parent Date

_____ _____

Signature of Counselor Date