

*Full Circle Psychotherapy Ayla Carter MA, LMHC*  
[aylacarter@fullcirclepsychotherapy.org](mailto:aylacarter@fullcirclepsychotherapy.org)  
[www.fullcirclepsychotherapy.org](http://www.fullcirclepsychotherapy.org)  
(253) 686-4681

## **Notice of Privacy Practices**

### **Your Legal Rights, Including Privacy and Confidentiality:**

As a client in counseling, you have certain rights that are important for you to know about. There are also certain limitations to those rights of which you should be aware. With the exception of the situations listed below, you have the right to have information you share be held in strict confidence; that information includes the fact that you are seeing me. Your confidentiality cannot and will not be waived without your consent. Because email and texting are not considered HIPAA compliant, I ask that these modes of communication be limited to non-therapeutic conversations.

### **Your Rights Under HIPAA Guidelines:**

- You have the right to choose a therapist who best suits your needs and purposes
- You have the right to request access to your health information
- You have the right to request accounting of disclosures
- You have the right to request an amendment of your records
- You have the right to request confidential communications
- You have the right to request restrictions on certain disclosures
- You have the right to complain if you feel that we have used or disclosed your health information inappropriately.
- You have the right to have your personal information kept confidential under RCW 18.19.180 of the WA state code.

### **The following situations are exceptions to your right of confidentiality:**

- When not disclosing information would represent a clear danger to yourself or others.
- If I obtain information suggesting the abuse or neglect of a child or vulnerable adult.
- If I am served with a court order requiring disclosure.
- If you bring a complaint against me with the State of WA Dept. of Health, I will release information.
- In the event of the patient's death or disability, information may be released if the patient's personal representative or the beneficiary of an insurance policy on the patient's life signs a release authorizing disclosure.
- If the patient reveals the contemplation or commission of a crime or harmful act the therapist may release the information to appropriate authorities.

- If the patient is a minor, information that the patient was a victim of a crime may be released to the proper authorities.
- I regularly attend consultation and training meetings where, in order to ensure the quality of the therapy I provide, I discuss my work.

You always have the right to request a change in the treatment process and /or refuse treatment. Although you are free to terminate therapy at any time, it is requested that you discuss your decision and reasons for termination.

**Payment through Insurance:**

Please note that if you decide to use your medical insurance to pay for services, you are subject to limitations of your right to privacy. Insurance companies have to right to certain information in reviewing necessity for treatment, diagnosis of client, justification for charges, and the like. For some clients, particularly those that do not view mental health as a medical issue, find this unacceptable. We can discuss this further, if you have any questions.

I have read or have had explained to me Full Circle Psychotherapy's disclosure of privacy practices and I understand it. I have asked any questions that I had about this statement. I understand and agree to the description of confidentiality and its exceptions as stated above. I consent to counseling under the terms described.

My signature below indicates that I have received a copy of this agreement.

**Client Signature:**

**Date:**

**Client Signature:**

**Date:**