

Hope and Healing Child and Family Counseling

1108 W South Jordan Parkway #B South Jordan, Utah 84095
385-215-9084

Consent for Treatment

Confidentiality

You have the absolute right to the confidentiality of your therapy. We will not disclose confidential information about your treatment without your written consent. You may direct us to share information with whomever you chose and you may change your mind and revoke that permission at any time.

Your confidentiality/privacy is protected by state law and by the rules of our profession, except in the following circumstances. The limits of confidentiality are:

1. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. You have a right to disclose only what you are comfortable with telling. **2. If you are involved in a law suit**, and you tell the court that you are in therapy, we may then be ordered to show the court my records. Please consult your lawyer about these issues. **3. If you make a serious threat to harm** yourself or another person, the law requires the therapist to try to protect you or that other person. **4. If I believe a child, or a dependent adult, has been or will be abused or neglected**, we are legally required to report this to the authorities. **5. If you have insurance**, your information will be sent to Streamline Billing and to your insurance company. **6. In order to provide you with the best treatment I may consult with other mental health professionals** about your case.

Record Keeping: You or your child's clinical record consists of information such as treatment plans, progress notes and signed releases of information. All client information is confidential.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPPA). This law ensures the confidentiality of all electronic transmission of information about you, it will be done with special safe guards to ensure confidentiality.

If you elect to communicate with us by email or text, please be aware that email and text messages are not completely confidential. All emails are retained in the logs of your or our internet service provider. While under normal circumstances, no one looks at these logs, they are in fact in theory available to others.

Contacting Us

Voice mail is confidential. Please leave a message and we will return your call within 1 business day. If we are going to be unavailable for an extended length of time, we will arrange for another provider to provide coverage. In the event of an emergency, go to your nearest emergency room or call 911. WE DO NOT PROVIDE 24 HOUR CRISIS COVERAGE. The UNI crisis line is 801-587-3000.

Becky Pierce - 801-558-5435
Jordan Briggs - 801-613-7184
Hope Nichols - 385-313-0194
Amy Frandsen - 801-661-0561
Marissa Turner - 801-214-8280

Kristen Poppert - 801-871-9016
Michelle Benson - 801-893-2221
Yasaman Keshavaraz - 801-215-9703
Rebecca Brochtrup - 385-313-0547

I give permission to contact me by

_____email

_____phone calls

_____text message

"Your signature below verifies that you have read the information in this document, that you have understood it, and that you agree to abide by its terms as long as you or your family member are a client. Additionally, by signing below, you acknowledge that you have the legal authority necessary to consent to treatment for your child."

Client's Name

Date

Client's (or Responsible Party's) Signature

Relationship to Client

Witness