Professional Disclosure Statement

Karen Cunningham, M.A., Licensed Marriage and Family Therapist (LMFT)

880 H Street, Suite 202

Professional Education:

2012 Master of Arts in Psychology

Marriage and Family Therapy

Saybrook University

San Francisco, CA

1996 Bachelor of Science in Psychology

University of Alaska Anchorage

Anchorage, AK

Areas of Specialization:

Individual – Children, Adolescents, and Adults

~Self- authenticity, inner resilience, congruence

~Management of stress, anxiety, depression

~Trauma work- the rebuilding of trust in ones self and the world.

Relationship/Couple/Marriage

~Relationship/Couple/Marital Therapy

~Development of Secure Attachment

~Relationship Strengthening and Empowerment

~Family of Origin Issues

~Concerns Related to Intimacy and Communication

~Concerns Surrounding Boundaries

~Transitions Related to Divorce

Family Therapy

~Blended Family Therapy

~Communication Building

~ Family Transitions

Fees: My fee is $225.00 per hour of therapy performed. However fees may also be negotiated based upon the needs of the individual, couple or family.

This information is required by the Board of Marital and Family Therapy, which regulates all licensed marital and family therapists in the state of Alaska.

State of Alaska, Board of Marital and Family Therapy

PO Box 110806

Juneau, Alaska 99811-0806

(907) 465-2551

Confidentiality of Communication

The relationship between therapist and client provides certain legal expectations regarding confidentiality. I will treat all information you share with me with great care. Before I can speak to anyone regarding your care, you will be asked to sign a “release-of-records” form. In all but a few rare situations, your confidentiality (our privacy) is protected by federal and state laws and by the rules of my profession. I carefully abide by these state and federal regulations and those which govern Marriage and Family Therapists. Additionally, as an Associate member of the American Association for Marriage and Family Therapy (AAMFT) I practice within the guidelines set forth by the AAMFT Code of Ethics.

*State of Alaska Regulations*

(a) A person licensed under this chapter may not reveal to another person a communication made to the licensee by a client about a matter concerning which the client hasemployed the licensee in a professional capacity. This section does not apply to

(1) a case conference or case consultation with other mental health professionals at which the patient is not identified;

(2) the release of information that the client in writing authorized the licensee to reveal;

(3) information released to the board as part of a disciplinary or other proceeding;

(4) situations where the rules of evidence applicable to the psychotherapist-patient privilege allow the release of the information;

(5) a communication to a potential victim or to law enforcement officers where a threat of imminent serious physical harm to an identified victim has been made by a client; or

(6) a disclosure revealing a communication about an act that the licensee has reasonable cause to suspect constitutes unlawful or unethical conduct that would be grounds for imposition of disciplinary sanctions by a person licensed to provide health or mental health services, if the disclosure is made only to the licensing board with jurisdiction over the person who allegedly committed the act, and the disclosure is made in good faith.

(b) Notwithstanding (a) of this section, a person licensed under this chapter shall report incidents of

(1) child abuse or neglect as required by AS 47.17;

(2) harm or assaults suffered by an elderly person or disabled adult as required by AS 47.24.

(c) Information obtained by the board under (a)(3) of this section is confidential and is not a public record for

purposes of AS 09.25.110 — 09.25.140.

Notice of Policies and Practices

to Protect the Privacy of Your Health Information

This notice is required by the federal government under the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of Protected Health Information (PHI) used for the purpose of treatment, payment, and other health care operations. This notice describes how your information may be used and disclosed and how you can access this information. I am required to obtain your signature indicating that you have received this notice. Please note that this required notice details only minimum protections. I have opted to increase protection of your information as described in the last section of this document.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your general consent to treatment. To help clarify these terms, here are some definitions:

• PHI refers to information in your health record that could identify you.

• Treatment, Payment and Health Care Operations: Treatment is when I provide,

coordinate or manage your health care and other related services. An example of

treatment would be when I consult with another health care provider, such as your family physician or another mental health practitioner. Payment is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine your coverage. Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality improvement activities and business-related matters such as audits and administrative services.

• Use applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

• Disclosure applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose your PHI for purposes outside of treatment, payment, or health care operations only with your authorization. An “authorization” is specific written

permission. When I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes if they are maintained separately. “Psychotherapy Notes” are notes I may have made about our conversation during a private, group, joint, or family counseling session, which may or may not be kept separate from the rest of your record.

You may revoke, in writing, all such authorizations at any time. You may not revoke an authorization to the extent that (1) I have already relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest a claim for payment.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose your PHI without your consent or authorization in the following circumstances:

• Child Abuse – If I, in the performance of my occupational duties, reasonably suspect that a child has suffered harm as a result of child abuse or neglect, I must immediately report the harm to the appropriate authority.

• Adult and Domestic Abuse – If I, in the performance of my occupational duties, have reasonable cause to believe that a vulnerable adult suffers from abandonment, exploitation, abuse, neglect, or self-neglect, then I must report that belief to the appropriate authority.

• Health Oversight Activities – I may disclose PHI to the appropriate board of the Alaska Division of Occupational Licensing or Department of Community and Economic Development in proceedings conducted by the board or the department where the disclosure of confidential communications is necessary to defend

against charges before the board or department.

• Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. I will inform you in advance if this is the case.

• Serious Threat to Health or Safety – I may disclose PHI where you communicate an immediate threat of serious physical harm to an identifiable victim. If you present an imminent risk of serious harm to yourself, I may disclose information necessary to protect you.

IV. Patient’s Rights and Practitioner’s Duties

Patient’s Rights:

• Right to Request Restrictions – You have the right to request restrictions on

certain uses and disclosures of protected health information. However, I am not

required to agree to a restriction you request.

• Right to Receive Confidential Communications by Alternative Means and at

Alternative Locations – You have the right to request and receive confidential

communications of PHI by alternative means and at alternative locations. (For

example, if you do not want a family member to know that you are seeing me.)

• Right to Inspect and Copy – You have the right to inspect and/or obtain a copy of PHI in my records for as long as they are retained with limited exceptions. On your request, I will discuss the request process with you. There may be a fee for copying your records.

• Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss the amendment process with you.

• Right to an Accounting – You have the right to receive an accounting of

disclosures of PHI that were made without your authorization (those in Section III of this notice). On your request, I will discuss the accounting process with you. There may be a fee for time required to compile this information.

• Right to a Paper Copy – You have the right to obtain a paper copy of this notice

from me upon request.

Practitioner’s Duties:

• I am required by law to maintain the privacy of PHI and to provide you with a

notice of my legal duties and privacy practices with respect to PHI.

• I reserve the right to change the privacy policies and practices described in this

notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

• If I revise my policies and procedures, I will provide or make the revisions

available to you.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, please discuss these with me. If you are dissatisfied with the outcome of that discussion, you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

Please note that this notice is a minimum standard dictated by state and federal laws. The same laws allow me to further limit the uses or disclosures that I will make without your consent. I have chosen to further protect your confidentiality by requiring specific authorization for any disclosure in section I of this notice unless you choose to provide general consent for those purposes. This does not affect the uses and disclosures in section III of this notice that do not require your consent.

This notice is effective as of October 4, 2013. I reserve the right to change the terms of

this notice and to make the new notice provisions effective for all PHI that I

maintain.