

CONFIDENTIALITY POLICIES

Confidentiality is the legal right to privacy for all the patients who receive psychiatric services, Such as, all personal information presented to this office will not be discussed with persons or agents outside of this office except as authorized by a written release or as required by law. **However there are exceptions to confidentiality.** Please be advised, all information discussed in this office will remain confidential except under the following conditions set forth in this agreement:

- You consent in writing for Harbor Medical Associates, Inc. to release and disclose information.
- A breach of confidentiality is required or permitted by law. Examples include instances in which Harbor Medical Associates, Inc. have a reasonable suspicion of child abuse, elder/dependent adult abuse, danger to self and others, and other matters subject to law.
- Harbor Medical Associates, Inc. in their direction decide to obtain consultation on your case with a colleague or legal counsel, in which case no identifying information will be revealed.
- You fail to make regular payments on your outstanding bill, which can result in your bill being turned over to collection agency or submitted to small claims court.
- Upon notification of a social services agency case, wherein all information is shared with Harbor Medical Associates, Inc. will be conveyed to the assigned social worker and/or other SSA representatives and agents.
- If you are a party in litigation, including divorce litigation, and you tender your mental condition as an issue, your privilege may be waived. In custody cases you may be required to waive your privilege to facilitate an evaluation by a court ordered evaluation. Harbor Medical Associates, Inc. may be required to produce your records and/or testify at deposition or trial if we are served with subpoenas or court orders. We can not give you legal advice as what actions may or may not waive your privilege.
- Please be aware that under California's Family Code, a parent without custody may still be entitled to information about his or her child's treatment.

A NOTE TO PARENTS ABOUT CHILDREN'S CONFIDENTIALITY

If a child participated in treatment, it is important to allow him/her to develop a Confidential relationship with his/her psychiatrist and/or therapist. As such, you understand that the most personal information that your child discusses with his/her therapist will not be ordinarily shared with you, Rather your child's doctor will provide you with general summaries of your child's progress without private details: you will of course have access to all medication information. The office is committed to informing you about unusual or dangerous symptoms of behaviors (such as violence, child abuse, self- abuse, suicidality, or intention to harm others, harm one self, drive while intoxicated etc).

By signing in the box below indicates that you are acknowledging and are in agreement with all of the above. Further, you understand and agree that your consents/assignments remain in effect until you choose to revoke them in writing.

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(Signature of Patient or Authorized Representative)	(Printed Name)	(Date)
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(If signed Above by Representative, Relationship of signer to Patient)	(Name of Patient if Different from Above)	