

◇ **PSYCHOTHERAPY SERVICES GROUP** ◇

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PRIVACY NOTICE

It is our goal of the entire staff of Psychotherapy Services Group to protect your privacy and confidentiality as much as possible. No information about you will be provided to any person outside of this office staff without your authorization.

There are some limits you should be aware of in our ability to protect your privacy and confidentiality. First, if in the judgment of your therapist or psychiatrist we believe you are at risk of endangering yourself or others, we are required by law to take appropriate action, which might include informing others of the danger, to try to prevent harm to yourself or others. Second, if we believe child abuse or elder abuse is occurring, we are required by law to report such abuse to the relevant state authorities. Third, we may be required by court order to report on or provide records of your treatment. Fourth, if you sign a general authorization to release information to some entity, for example, to your health insurance carrier, we are required to release the information they requested to them. This often includes our records of your diagnosis and treatment, and other detailed reports about you that they may ask us to fill out.

We are a large office with many clinicians and clients; therefore it is likely that you will encounter some people you know over the course of your treatment. Of course, no information about you would be given to any other client, but the fact that you are a client at the office would be apparent.

We have done many things to prevent our sessions from being overheard. We had a soundproofing architect help us maximize each office soundproofing. We have music and sound machines on in various key locations to further reduce the chance of sessions being overheard. Overall, it is therefore unlikely that any meaningful part of your sessions would be overheard. However, if any therapy communications became loud or intense, portions of such communications might be heard outside your therapist's office.

According to federal law, therapists, without authorization, may share information about clients with students, trainees and people they supervise. However,

we almost always attempt to share this information in such a way that the client being discussed is not easily identified.

In many instances it becomes necessary for us to contact a client by mail, phone, fax or email. We will do so using only addresses and phone numbers that you provide to use for such purposes. We may also leave messages for you on your answering machines, voicemail or occasionally with family members, secretaries or other people that may answer your phone for you. If you do not want us to contact you at any particular telephone number or address, DO NOT GIVE US that telephone number or address. If you have already given us addresses or phone numbers you do not want us to use, please write us a note withdrawing your authorization of the use of the relevant telephone numbers or addresses. When we do leave messages, of course, we will always try to be as discreet as possible.

When you leave messages for your therapist or psychiatrist on their voicemail, it is important that you understand that our office manager does check the voicemail for all of the staff daily so she can relay the messages to the appropriate clinician. The messages are then put in a phone log and message slips are given to the clinicians. Our office manager understands and follows the rules of privacy and confidentiality in handling your messages.

Client paperwork of all kinds exists around the office, often with the client's name on the paperwork. We will do our best to see that client names and information are not exposed to anyone but relevant staff, e.g. the office manager does have to handle client paperwork, but not our housekeeping people. However, there are bound to be some instances where names and minimal date might be exposed to non-authorized personnel and our clients need to accept this limitation, which we will try to keep to a minimum.

I, the client, have read, understood and accept the privacy and confidentiality conditions stated in this privacy notice. I have asked and received acceptable answers to any questions or concerns I have had.

Client Signature

Date