

# Psychological & Counseling Associates

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## Limits of Confidentiality

Service providers within Psychological & Counseling Associates vigorously strive to insure the confidentiality of the information disclosed by their patients. In most cases, when patient care information needs to be disclosed, the patient's permission is obtained before disclosure. There are, however, a few uncommon circumstances when disclosure can occur without the patient's prior consent. These include disclosure as permitted by the Federal Privacy Act, by law, by regulation, by judicial proceeding, and by standards of ethical professional practice. The following are typical but not exhaustive examples of situations and circumstances under which information may be disclosed without prior consent.

1. If a provider believes you intend to harm yourself or someone else, it may be the duty of that provider to disclose that information for the protection of the endangered person(s).
2. In situations of suspected child abuse, it is the duty of the provider to notify medical, legal, or other authorities.
3. If you are involved in legal action/proceedings, your records may be subject to subpoena or lawful directive from a court.
4. If a member of any medical service who is providing care to you and has a legitimate need for access to information in order to provide safe and competent care, your records may be accessed without your consent.
5. Qualified persons may be permitted access to your record as part of professional quality assurance review procedures. Any information from the patient's record subsequently disclosed by the review conceals the identity of the patient.

### Statement of Understanding

I have read the above and understand the information about me will be safeguarded within the limits of confidentiality outlined above and in the Privacy Act Statement.

\_\_\_\_\_  
Patient's Signature & Date (age 12 & Up)

\_\_\_\_\_  
Parent/ Guardian Signature & Date

\_\_\_\_\_  
Patient's Signature & Date

\_\_\_\_\_  
Parent/ Guardian Signature & Date

### Service Provider's Statement

I have inquired to insure that the patient understood the above description of the Limits on Confidentiality.

\_\_\_\_\_  
Service Provider's Signature and Date