

**BETTY DEERE, MA, LCSW  
DEERE HOLISTIC PSYCHOTHERAPY  
10201 WEST Markham, Suite 212  
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**NOTICE OF PRIVACY PRACTICES**

- 1. Confidentiality:** Uses and Disclosures of Information Requiring your Authorization or consent.

As a rule, I will disclose no information about you or the fact that you are my patient, without your written consent. My formal Mental Health Record describes the services provided to you and contains the dates of our sessions, your diagnosis, functional status, and progress. Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operations purposes. However, I will require you to sign a Release of Information form before I would release any information about your care.

- 2. Limits of Confidentiality:**

There are some important exceptions to this rule of confidentiality – some created voluntarily by me, and some required by law. The attached form indicates that you understand and consent to accept my policies about confidentiality and its limits.

**Emergency:** If you are involved in a life-threatening emergency and I cannot ask your permission, I will share information if I believe you would want me to, or I believe it would be helpful to you.

**Child Abuse Reporting:** If I have reason to suspect a child is abused or neglected, I am mandated by Arkansas law to report the matter immediately to the Arkansas Department of Human Services.

**Adult Abuse Reporting:** If I have reason to suspect abuse of an elderly or incapacitated adult, I am required by Arkansas law to report relevant information to Arkansas Department of Human Services.

**Serious Threat to Health or Safety:** Under Arkansas law, if I am engaged in my professional duties and you communicate to me a specific and immediate threat to cause serious bodily injury or death, to another person, I am required to take steps to protect third parties. These steps may include 1) warning the potential victim(s). (2) notifying law enforcement, or 3) seeking your hospitalization. I may

also disclose medical information about you when necessary to prevent an immediate, serious threat to your own health and safety.

**Court Proceedings:** If you are involved in a court proceeding and I am requested to provide information about your treatment/records, such information is privileged under state law. Therefore, I will not release information unless you provide written authorization or a judge issues a court order. If I receive a subpoena for records or testimony, I will notify you so that you or your attorney can file a motion to quash (block) the subpoena and can give reasons why I believe your records should be protected from disclosure. **EXCEPTION:** In the following civil court cases, therapy information/records are not protected by client-therapist privilege: child abuse, adult abuse, and criminal cases. You will be informed in advance if this is the case.

## **PATIENTS RIGHTS**

1. **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information about you, and/or to request a limit on the medical information released to someone involved in your care. However, I am not required to agree to a restriction you request. Restriction requests must be made in writing, and complete information given.
2. **Right to a Copy of This Notice:** You have the right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time.
3. **Right To Receive Confidential Communications by Alternative Means:** For example, you may not want a family member to know you are seeing me, or request I only contact you at work, or that I do not leave voice messages.

Client's Signature \_\_\_\_\_ Date: \_\_\_\_\_