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Understanding Confidentiality in Therapy

It is important that patients understand confidentiality and the limits of confidentiality as it relates to the psychological services they receive as part of their therapy relationship with Avalon Medical Group.

The therapy relationship between a psychologist and a patient is confidential. This means that in most instances, information revealed by patients to their psychologist is not disclosed to others. However, we want to be clear that there are circumstances under which some or all of your patient information may be shared with third parties. Examples of those circumstances are as follow.

A psychologist **may disclose** all or part of your patient information to a third part with the appropriate consent of the patient or the patient's legal representative. However, you should be aware that there are some instances when patient information may be or must be disclosed without the consent of the patient or the patient's legal representative.

Psychologists **may disclose** confidential information without consent only as mandated by law, or where permitted by law for a valid purpose, such as: (1) to provide needed professional services to the patient or individual or organizational client, (2) to obtain appropriate professional consultations, (3) when ordered to do so by the court, (4) to obtain payment for services.

A psychologist **is required** to disclose confidential information when: (1) there is an imminent danger to an identifiable person, (2) when there is a **reasonable suspicion** that child abuse has occurred or is occurring, (3) when there is reasonable cause to believe that a person is being abused, mistreated, or neglected in a nursing home or residential care facility.

In any situation where disclosure of patient information is warranted, your provider will disclose only the minimum amount of information necessary. We will follow the guidelines set forth by the American Psychological Association's Ethical Principles of Psychologists and the Code of Conduct as well as HIPAA guidelines in appropriately protecting your information. If you have questions about confidentiality or how your information may be used, you are encouraged to address them with our staff as soon as they arise.

By signing below, you are indicating that you have full read and understood the information contained in this document.

Signed: _____ Date: _____

Witness: _____ Date: _____