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**NOTICE OF PRIVACY PRACTICES**

**This notice describes how clinical information about you may be used and disclosed. Please review it carefully.**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. The confidentiality of services provided by Divine Restoration Counseling and Consultation are protected by professional ethics and law. Your privacy and confidential information are very important to me and I am committed to protecting it. I create a record of the care and services you receive. I need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways I may use and share clinical information about you. I also describe your rights and certain duties I have regarding the use and disclosure of clinical information.

**Legal Duty**

- The law requires me to keep your clinical information private.
- The law requires me to give you this notice describing my legal duties, privacy practices, and your rights regarding your clinical information.
- The law requires me to follow the terms of this notice that is now in effect.
- I have the right to change my privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
- I have the right to make the changes in my privacy practices and the new terms of my notice effective for all clinical information that I keep, including information previously created or received before the changes.
- If any changes to this policy are made, I will make the new policy available to you.

**Use of Your Clinical Information**

I will not use or disclose your clinical information for any purpose not outlined in this policy without your specific written authorizations.

- I use your clinical information to provide you with clinical treatment or services. I may disclose clinical information about you to doctors, nurses, technicians, clinical students, or other people who are taking care of you.
- I may use and disclose your clinical information for payment purposes, including collection of a debt..

**Limits on Confidentiality**

The law protects the privacy of all communications between a client and a therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements. There are other situations that require that you provide written advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of clients. The other professionals are also legally bound to keep the information confidential.
- If a client threatens to harm themselves, I may be obligated to seek hospitalization for them, or to contact family members or others (using provided emergency contact) who can help provide protection. There are some situations where I am permitted or required to disclose information without either your consent or authorization:

1. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the therapist-client privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or a court order (subpoena). If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
2. If a government agency is requesting the information for health oversight activities, I am required to provide it for them.
3. If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
4. If a client files a worker's compensation claim, I may disclose information relevant to that claim to the client's employer or the insurer.

- There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm, and I may have to reveal some information about a client's treatment:

1. If I know or suspect that a child under the age of 19 or an elderly (60 and older) or disabled adult has been abused, neglected, exploited, sexually, physically, or emotionally abused, the law requires that I file a report with the appropriate governmental agency, usually the Alabama Department of Human Resources (DHR). Once such a report is filed, I may be required to provide additional information.
2. If a clear and immediate threat of serious physical harm to an identifiable victim is communicated by a client, then I am required to communicate confidential information to a potential victim, the family of a potential victim, law enforcement authorities, or other appropriate authorities.

I hereby acknowledge that these limitations on confidentiality have been read by me and/or explained to me and I agree to abide by them. I have been given the opportunity to discuss these concepts and conditions and to ask for clarification.

\_\_\_\_\_  
Client/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date