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CLINICAL PRIVACY PRACTICES AND CLIENT BILL OF RIGHTS

I am devoted to providing quality therapeutic services to individuals, couples, and families. Providing clients with a full explanation of their rights and responsibilities is a part of this process.

Notice of Privacy Practices

This is meant to inform you of your rights and responsibilities as a client. You have a right to access and control your protected health information. Your "protected health information" includes your demographics, physical history, and/or mental health history.

Your Privacy Rights

- You have the right to request certain limitations on your health information.
- You have the right to specify how you receive communications of protected health information.
- You have the right to access and amend your protected health information for as long as it maintained by myself.
- You have a right to request an accounting of disclosures of protected health information made by myself.

Client Bill of Rights

THIS BILL OF RIGHTS IS IN COMPLIANCE WITH CONNECTICUT GENERAL STATUTES, SECTION 17, 206a THROUGH SECTION 17, 206k (Inclusive)

Your Rights as a Client

- To considerate and respectful service.
- To know your clinician's credentials and clinical experience.
- To a prompt response to your request for clinical services and an assessment for continuum of care.
- Regardless of financial resources, you have a right to fair and equal service without discrimination as to race, color, religion, age, marital status, sex, national or ethnic origin, sexual orientation, and ability.
- To understand the recommendation for your treatment and to review this with your clinician, and for referral recommendation if your care is not provided by your clinician.
- To accurate assessment of your personal and social needs and complete information regarding your treatment plan.
- To give your informed consent for any treatment or service.
- To participate in the development of your service treatment plan.
- To participate in your discharge plan which may include: psychotherapy, medication management, and referral services.
- Emergency numbers for after hour emergencies.

Your Rights in the Areas of Confidentiality

- All client information and records, except as otherwise provided by third-party payment contracts, will be private and confidential.
- Records will be maintained within a locked file.
- Prior written consent by the client or designated representative is required for release of information to persons not otherwise authorized by law.
- Discrete discussion of the case may occur between appropriate personnel or discussions for operating procedures such as: quality assurance, improvement activities, and incident disclosures of names for scheduling purposes.
- To have reasonable access to records and treatment planning.

Your Rights to Request and Receive Information

- To be made aware of clinical policies which include criteria for admissions for therapeutic services.
- When clinical services do not match your needs for treatment you will receive resources and assistance to referral sources.
- Reasonable notice and assistance when transferring to another agency or facility in an effort to secure a continuum of care.

- Understanding the billing procedures including an explanation of your bill, regardless of payment sources.
- To be informed of your clinician's professional education and experience regarding your clinical diagnoses as well as the credentials of your clinician.
- To be made aware that your clinician is designated as a mandated reporter of cases of suspected child abuse or neglect or direct threats of harm (Section 17a-101 of the Connecticut General Statutes) and is a mandated reporter of elder abuse and abuse of individuals with disabilities (Section 17b-450, 17b-461 of the Connecticut General Statutes).

Uses and Disclosures of Protected Health Information

As permitted by Connecticut or federal law, your Protected Health Information may be disclosed and used for purposes of billing and receiving payment for the treatment and related services you receive. For billing purposes your Protected Health Information may be disclosed to your payment source including an insurance or managed care company, Medicare, Medicaid, or another third-party payer. In addition your Protected Health Information may be used and disclosed in the following ways:

1. **Appointment Reminders:** Your Protected Health Information may be used and disclosed to contact you as a reminder that you have an appointment, unless otherwise directed by you.
2. **Public Health Activities:** Your Protected Health Information may be disclosed to a public health authority that is authorized by law to collect or receive such information. For example: the purpose of preventing or controlling disease, injury or disability, reporting births or deaths, reporting child abuse neglect, notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
3. **Health Oversight Activities:** Your Protected Health Information may be disclosed to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licenses.
4. **Judicial and Administrative Proceedings:** Your Protected Health Information may be disclosed in response to a subpoena, discovery request, or other lawful procedure in which such disclosure is permitted by law.
5. **Law Enforcement:** Your Protected Health Information may be disclosed for certain law enforcement purposes if required by law.
6. **To Avert Serious Threat to Health or Safety:** Your Protected Health Information may be used and disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help prevent the threat.
7. **Military and National Security:** If required by law, if you are a member of the Armed Forces, your Protected Health Information may be used and disclosed as required by military authorities of the Department of Veterans Affairs.
8. **Abuse or Neglect:** Your Protected Health Information may be disclosed to a health authority that is authorized by law to receive reports of child abuse or neglect. In addition, your Protected Health Information may be disclosed if it is believed that you

have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Your Client Responsibilities

- Please be prompt for all sessions.
- Please keep all scheduled appointments.
- A 24 hour notice of cancellation is required to avoid a cancellation service fee.
- To notify of any changes in regards to insurance coverage, financial status, or address change.
- To be responsible for your service fee at the time of service.
- To respect the confidentiality of others.
- To be responsible for the arrangements of your child's arrival to and departure from therapeutic services in a timely manner.
- Clients are expected to attend all sessions free of any alcohol and/or substance use. Any client who comes to sessions under the influence of alcohol and/or substances may be asked to terminate the session at the discretion of the clinician. The clinician deserves the right to end any session in which client behavior has become inappropriate or out of control.

CLIENT BILL OF RIGHTS ACKNOWLEDGMENT

I have received a copy of the Client's Bill of Rights, which includes the Notice of Privacy Practices. I understand and accept my rights and responsibilities as a client.

Client's Signature/Date

Client's Signature/Date

Therapist's Signature/Date