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CLINICAL PSYCHOLOGY
GENERAL PSYCHIATRY
CHILD AND ADOLESCENT PSYCHIATRY

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Confidentiality Policy for Psychological Services

Welcome to our practice. I consider our privacy of utmost importance and take great effort to protect it within the boundaries of the law and my professional ethics. It is our policy to inform you of the limits we have in protecting this right to confidential care. Some limitations are imposed by state statutes and others come from the ethical principles for psychologists. In most situations, I can only release information about your work with me to others if you sign a written authorization form allowing me to do so. However, there are some situations where I am required by law to disclose information about you without either your consent or authorization. Should it become necessary to break our confidentiality due to any of the conditions listed below, I will make a reasonable effort to notify you ahead of time of any disclosures so that we can discuss it before I take action, and I will limit my disclosures to what is necessary.

- 1) Florida Statute (415.504, 1987) requires mandatory reporting of suspected child abuse or neglect. If I have reasonable suspicion that a child is being neglected, physically abused, sexually abused, subjected to willful cruelty or unjustifiable mental suffering, or exposed to domestic violence in the home, I am required by law to report my suspicion to child protective services or a local law enforcement agency. It is important to realize that this does not mean that just because you talk to me about angry, violent, or sexually disturbing thoughts and feelings toward children that I will compromise our privacy. There is an important difference between expressing thoughts/feelings versus acting on them against children. For some people expressing such feelings may be an important part of therapy. I will only seek protective action if there is a reasonable suspicion that a child is actually being abused by yourself or someone else identifiable.
- 2) Florida Statute 415.103 requires mandatory reporting of suspected abuse, neglect, or exploitation of aged or disabled adults. If there is reasonable suspicion that physical abuse, misuse of physical or chemical restraint, neglect, abandonment, isolation, abduction, or financial abuse is occurring against an elderly (age 65 or older) or dependent adult (i.e., an adult with a mental or physical disability), I am required by law to report the suspicion to the appropriate government agency. This does not mean that just because you express thoughts or feelings about abusing an elder that I will be informing authorities. Expressing such feelings in therapy may be an important part of coming to terms with the influence that others have or have had on your life so that you can improve your circumstances. There is an important difference between expressing thoughts/feelings versus acting on them against others. There must be a reasonable suspicion that you or someone else is actually abusing an elder for me to compromise our privacy and take protective action.

- 3) According to Florida Psychological Services Act (490.0147, 1987), we are obligated by law to inform relevant parties when there is a clear and imminent danger to the patient, to other individuals, or to society. If I feel that you may be in imminent danger of seriously physically harming yourself, I may call the person whom you designate as your emergency contact, a family member, medical or emergency personnel, or a local law enforcement agency in order to obtain help, protection, and possibly secure hospitalization for you. This does not mean that just because you may express feelings and thoughts about harming or killing yourself that I will compromise our privacy and take protective action. Expressing these kinds of thoughts and feelings may be an important part of your therapy in coming to terms with your life and improving your circumstances. There is an important difference between expressing self-harm thoughts/feelings versus acting on them against yourself. Only if you are in imminent danger of seriously harming yourself and you cannot control your own behavior will I take protective action. I also expect that should you feel in imminent danger of harming yourself, before doing so, you will do everything you can to contact me and/or seek emergency psychiatric services at a local hospital.
- 4) If I receive credible information from you or anyone else leading me to believe that you could be a serious threat of physically harming an identifiable individual(s), I have a legal duty to warn and protect the identified person(s) by communicating the threat of harm to the person(s), to a local law enforcement agency, and/or to others who can assist in protecting the person(s). I could also seek involuntary hospitalization for you in this case. This does not mean that just because you may express violent or angry thoughts and feelings about someone else that I will compromise our privacy and take protective action. Expressing these kinds of thoughts and feelings may be an important part of your therapy in coming to terms with anger, understanding the impact that others have or have had on you, and improving your circumstances. Once again, there is an important difference between expressing your thoughts/feelings versus acting on them against others. Only if I feel that you are in imminent danger of actually harming someone else and you cannot control your own behavior will I take protective action. I also expect that should you feel that you are in imminent danger of harming someone else, before doing so, you will do everything you can to contact me and/or seek emergency psychiatric services at a local hospital.

Please be aware that the following conditions may also apply and confidentiality is thereby limited as relevant and necessary for the circumstance:

- If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is protected by psychologist-patient privilege law. I cannot provide any information without your (or your legally-appointed representative's) written authorization, unless a court order, or compulsory process (a subpoena) is supplied. In the event of receiving a subpoena, the patient will be contacted to verify the authorization attached to the subpoena and to obtain our own authorization. Should there be an objection to honoring the subpoena, a written waiver of objection is expected or the patient will arrange for his/her attorney to file a protective order. A copy of the motion and protective order will need to be forwarded to the office. 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.
- If you file a worker's compensation claim, I must, upon appropriate request, disclose information relevant to your condition to the worker's compensation insurer.

- When the person who is licensed under the Florida Services Act (490.017, 1987) becomes a defendant to a civil, criminal, or disciplinary action arising from a complaint filed by the patient, confidentiality is waived. If you file a complaint to the Florida Board of Psychology or a lawsuit against me, I may disclose relevant information regarding you in order to defend myself.
- If you are requesting this office to file insurance claims, you need to understand that we have no control over who at the insurance company will see the paperwork or how they may release such information. Your insurance company requires a diagnosis to be submitted with the claim. Additionally, confidentiality is limited when extensive treatment reports are required to secure authorization and substantiate medical necessity.
- If I am seeing your child who is under the age of 18 on an ongoing basis, then much of what he/she talks to me about is kept private between us except for the above exceptions whereupon I will have to notify you (i.e., parents/guardians) for help. Privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, and parental involvement is also essential. During treatment I typically provide parents only with general information about the progress of the treatment and the child's attendance at scheduled sessions. I may also speak to you about what your child has discussed with me if I feel that it would be essential for his/her welfare and would help the family situation. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents/guardians of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.
- For couples or marital counseling, I can disclose any information given to me by one partner to the other. However, it is acknowledged that I cannot be held responsible for a breach of confidentiality by your partner or family member(s) in therapy with you.
- When I am unavailable, another psychologist / therapist will be available to cover crisis calls and be advised of issues about you that could arise. On occasion, I find it helpful to consult about working with patients with colleagues so that I can provide the highest quality of care. Ethical standards encourage doctors and therapists to confer with other professionals to provide the highest quality care. I might also consult with individuals about you to whom I might refer you for adjunctive services (e.g., group therapy, medications). In these three instances your name and specific identifying information are not mentioned to the individual(s) with whom I advise or consult so as to protect your privacy. All colleagues are committed to maintain the privacy of any information provided.
- In the event I become debilitated or deceased, a trusted colleague will have access to your records so that you can be contacted, informed of my status, offered support, and be provided with any appropriate referrals.

Professional Records

The laws and standards of my profession require that I keep protected health information about you in your clinical record. By law, records must be kept for a period of seven years. You may authorize another treating professional with whom you may seek services to request a copy of your records. You must sign a release of information at the office of both professionals before records are to be released. You may also examine and/or receive a copy of your clinical record, if you request it in writing. In unusual circumstances, your request for these records can be denied. This includes

situations where I believe, in my clinical judgment, that disclosure could physically endanger you, if there is a reasonable concern that it may cause substantial harm to another person, if the record references another person and contains their confidential information, or if it contains information that has been supplied to me confidentially by others. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. There will be a fee for the time I spend gathering, copying and sending the records, as well as the cost for copying and mailing. If I refuse your request for access to your records, you have a right of review, (except for information supplied to me confidentially by others) which I will discuss with you upon request.

Acknowledgment of Confidentiality Limits

In signing below you are acknowledging that you reviewed all of the information in this document, you have had ample opportunity to discuss it with me, and you have had your questions answered to your satisfaction. Your signature(s) indicates that you are making an informed decision about engaging me for services under the limits of confidentiality discussed here. Your signature(s) does not mean that you have waived any rights.

Name of Doctor / Therapist Providing Psychological Service

Print Name of Patient

Date

Signature of Patient

Print Name of Parent/Guardian, if participant is minor

Signature of Parent/Guardian, if participant is minor

Emergency Contacts

Please provide names of any individuals (e.g., spouse, intimate partner, family member, friend, mental/physical health care provider) that I can contact in the case of an emergency:

Name(s) of Emergency Contacts: Area Code & Phone #: Relationship to You:

