

JULIE OHLINGER, MSW, LCSW
Counseling for Individuals, Couples and Families

PRIVACY INFORMATION

My practice is fully compliant with HIPPA regulations to protect the confidentiality of your information. As a solo practitioner I am the designated "Privacy Officer" under the federal HIPPA regulations. You have the right to fully informed consent regarding handling of your privileged information.

Unless you sign a release of information, I cannot and will not release your treatment information to a third party. There are exceptions outlined below.

1. I may be required to release your information if the withholding of this information could result in harm to either you or another person. An example would be if you made a statement to me indicating your intent to harm yourself or another person, or in cases of abuse or neglect of a child or vulnerable adult.
2. I will be required to release your information by court order. An example would be if you were party to litigation and a judge decided this information was needed.
3. I may be required to release your information to emergency treatment personnel or to your emergency contact if you required immediate medical attention while in session.
4. I may release your information to another health care provider if you initiate contact with that provider in order to expedite a referral or coordinate care.
5. I may release your information to a consultant for the purpose of insurance reimbursement and to provide you with optimal care.
6. I may release your information anonymously in brief consultation with professional colleagues to provide optimal care. An example would be my describing your situation and asking a colleague for other resources to pass on to you, without identifying you by name.
7. I consult with Marlene Joy, Ph.D., PC, a clinical supervisor to review charts for compliance and for clinical perspective on some client issues in order to provide optimal care. Contact information for Dr. Joy is 10505 N. 69th St., Suite 1200, Scottsdale, AZ 85253. Telephone: 480-998-2635.

I will generally request a written release of information from you whenever possible. Your rights include: access to your records upon request, my safeguarding your records at all times, and my keeping accurate financial and clinical records.

I have read and understand the above information.

Signature: _____ Date : _____

Witness: _____ Date: _____

CLIENT: _____

DOB: _____

THERAPIST: JULIE OHLINGER, LCSW-10266