

**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. 69<sup>th</sup> 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: \_\_\_\_\_

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CLIENT: \_\_\_\_\_

DOB: \_\_\_\_\_

THERAPIST: JULIE OHLINGER, LCSW-10266