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### **PRIVACY RIGHTS: HIPAA POLICY**

1. As a private practice who does not work with insurance, there is no need for your information to be disclosed to a third party with the exceptions:
  - a. Mandated reporting of suspected abuse as stated in your copy of your client rights and informed consent.
  - b. Court order as per conditions stated in your copy of your client rights and informed consent.
  - c. If you did not pay at time of service and after several efforts to contact you, your account was sent to a collection agency.
  - d. Upon receipt of "release of information" that is signed and confirmed by you personally.
  - e. As disclosed in Client Rights and Informed consent for use in supervision with LMFT Supervisor after which video/audio will be immediately erased.
  - f. Discussion of case for advisement from other professionals in which instance identifying information would be withheld.
  
2. Your records are secured in a locked file cabinet in my locked office in a facility that is locked when not in use.
  
3. Your file may be transported in locked cabinet or secure file container upon my relocation to another facility and/or in five years after your exit from therapy to a location where your file can be properly disposed of through incineration or shredding.
  
4. All contact with you will be with your permission and with protection of your privacy taken into consideration:
  - a. Messages on answering machine will be name, number only unless you gave permission on the Informed Consent for a message to be left on your answering machine.
  - b. Contact through e-mail
  - c. Postal Service
  - d. In public: initiation of contact at public events will always be upon you as the client. I will not initiate contact out of respect for your privacy but if initiated by you I will respond in kind.

*Signature confirms understanding of the Privacy Practice of Lifepoint Counseling Services, LLC..*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_