

Northeast Veteran Training and Rehabilitation Center Limits of Confidentiality of Psychological/Psychiatric Information

It is important that you know the limits of confidentiality and privileged communication regarding psychological/psychiatric information. Information disclosed by you to medical department health care providers will be treated with the utmost sensitivity and recognition of your right to privacy. However, in certain circumstances the confidentiality that exists between you as the patient and the medical department health care provider is modified in various forms and degrees, and in some specific instances that confidentiality does not exist. This means that access to information in your life may be allowed by law, regulations, judicial proceedings, hospital accreditation, or when authorized by you. It is required that a written summary of each of your visits with us be maintained in your medical record and/or separate clinical case file.

There are limits of confidentiality or privileged communication within the Northeast Veteran Training and Rehabilitation Center. At the same time, we are bound by a professional code of ethics. We will strive to safeguard information obtained from you and insure that only authorized sources have access in accordance with the appropriate laws and regulations.

Examples where limits of confidentiality may apply follow:

1. Requests for information from personnel or agencies outside Veteran Homestead, Inc., i.e. lawyers, spouses, will normally not be honored unless you have first given permission in writing for the release of information as required by regulation.
2. If you should state that you intend to harm yourself or someone else, or if we believe that you intend to harm yourself or someone else, it is required by law to disclose information in order to insure safety to yourself or others.
3. In situations of suspected child or spouse abuse or neglect, or rape, it is required by law to notify medical, legal, or other authorities.
4. In situations of suspected drug/alcohol abuse you will be referred for further evaluation by a drug/alcohol abuse treatment counselor (ADAPCP).

Please ask if you have further questions about the limits of confidentiality or privileged communication.

STATEMENT OF UNDERSTANDING

I have read the above and understand that clinical information about me will be safeguarded within the limitations mentioned above and under the provisions of the Privacy Act.

Client's Signature

Date

I have reviewed the above limits of confidentiality with the above identified individual to insure that he/she understands them.

Staff Member/Counselor's Signature

Date