

Client Name:

DOB:

The Counseling Collaborative

Tara McKernan , M.Ed., LCPC-C
1489 State Highway 102 – Bar Harbor, ME 04609
(207) 288-3388 (Phone & Fax)

Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Tara McKernan, M.Ed., LCPC-C is required by law to maintain the privacy of your health care information and to provide you with a notice of Tara McKernan, M.Ed., LCPC-C's privacy practices. The information you share in counseling is privileged and confidential. Tara McKernan, M.Ed., LCPC-C strictly adheres to the Federal Confidentiality laws including Federal Law 42 C.F.R. Part 2. A signed Consent for Release of Privileged Information form is required to disclose to a third party any information about the counseling you have received. If privacy practices change, Tara McKernan, M.Ed., LCPC-C will provide you with a revised notice at your next visit following the change.

Use of Your Health Care Information

Tara McKernan, M.Ed., LCPC-C may use your information for: Treatment, Payment

For example:

Your information may be used to develop a diagnosis and treatment plan, or to coordinate referrals to another health care provider with your written permission.

Portions of your information may be submitted to your insurance carrier or other third-party payer to secure payment on your behalf.

Business associates performing services on behalf of Tara McKernan, M.Ed., LCPC-C for payment such as insurance companies and billing services may also have access to your information solely for the purpose of providing such services, provided that the business has agreed in writing to maintain the confidentiality of such information.

Tara McKernan, M.Ed., LCPC-C is a Mandated Reporter and may disclose information without your authorization as permitted or required by applicable law, including any of the following:

1. When there is a threat of serious harm to self or other
2. When there is a reasonable suspicion of child abuse, or neglect of a child, or abuse, neglect or exploitation of an incapacitated or dependent adult
3. To comply with a court order, government subpoena, or other lawful process
4. To a medical examiner in the event of your death

Tara McKernan, M.Ed., LCPC-C may disclose information during peer consultation and supervision to provide sound practice and clinical support. Consultation and supervision will be anonymous and client's confidentiality will be protected.

Tara McKernan, M.Ed., LCPC-C may contact you for appointment reminders, or to provide information about treatment alternatives or other health services. Except as described above, Tara McKernan, M.Ed., LCPC-C will not disclose your information, except with your written authorization. You may revoke your authorization at any time by written notice of revocation to Tara McKernan, M.Ed., LCPC-C

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Counselor Signature: _____ Date: _____