NOTICE OF PRIVACY PRACTICES, CONFIDENTIALITY, AND CLIENT RIGHTS

Katherine Clark, LCSW

(914) 458-2661

KateClarkLCSW@gmail.com
Effective Date: August 19, 2026

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

My Commitment to Your Privacy

As your therapist, I understand that your health information is personal and confidential. I am committed to protecting your privacy and maintaining the confidentiality of your Protected Health Information ("PHI").

I create and maintain records of the care and services provided to you. These records are necessary to provide quality treatment, comply with legal and ethical requirements, and facilitate coordination of care when appropriate.

I am required by law to:

- Maintain the privacy and security of your protected health information;
- Provide you with this Notice of Privacy Practices;
- Follow the terms of this Notice currently in effect;
- Notify you if a breach of unsecured protected health information occurs; and
- Inform you of your rights regarding your protected health information.

This Notice may be updated periodically. The most current version will be available upon request.

How Your Information May Be Used and Disclosed

I may use or disclose your protected health information in the following ways:

Treatment

I may use and disclose your health information to provide, coordinate, or manage your treatment.

Payment

I may use and disclose information necessary to obtain payment for services rendered.

Healthcare Operations

I may use or disclose information for activities necessary to operate the practice, including administrative, legal, quality assurance, and professional consultation activities.

Appointment Reminders and Communications

I may contact you regarding appointments, scheduling, billing, or other administrative matters by phone, voicemail, email, text message, or through a secure client portal unless you request otherwise.

Individuals Involved in Your Care

With your permission, I may share relevant information with family members, guardians, or other individuals involved in your care or payment for your care.

Uses and Disclosures Required or Permitted by Law

There are situations in which I may disclose information without your authorization, including:

- When there is a serious threat to your safety or the safety of another person;
- When reporting suspected child abuse, elder abuse, abuse of a vulnerable adult, or neglect;
- When required by a court order or other lawful legal process;
- For health oversight activities such as audits, investigations, or licensing reviews;
- When required by law enforcement under specific legal circumstances; and
- As necessary to comply with workers' compensation laws.

Uses Requiring Your Authorization

Except as described in this Notice or otherwise required by law, your written authorization is required before information is released to schools, attorneys, employers, family members not involved in treatment, or other third parties.

You may revoke your authorization at any time in writing, except to the extent that action has already been taken based on your authorization.

Psychotherapy Notes

Psychotherapy notes are maintained separately from the clinical record and may receive additional legal protections. With limited exceptions allowed by law, psychotherapy notes will not be disclosed without your specific written authorization.

Marketing and Sale of Information

This practice does not sell protected health information and does not use protected health information for marketing purposes without your authorization.

Your Rights Regarding Your Health Information

You have the right to:

- Access and obtain copies of your records, subject to limited exceptions;
- Request amendments to your records if you believe information is inaccurate or incomplete;
- Request restrictions on certain uses and disclosures of your information;
- Request confidential communications through alternative methods or locations;
- Request an accounting of certain disclosures of your information;
- Request that information regarding services paid entirely out-of-pocket not be disclosed to a health plan, when applicable under federal law; and
- Receive a paper or electronic copy of this Notice.

Written requests should be submitted to:

Katherine Clark, LCSW
Phone: (914) 458-2661
Email: KateClarkLCSW@gmail.com

Confidentiality in Psychotherapy

Confidentiality is one of the foundations of effective psychotherapy.

Information disclosed during treatment will generally remain confidential unless:

- You provide written authorization for disclosure;
- Disclosure is required or permitted by law;
- There is concern regarding serious risk of harm to yourself or others;
- Abuse or neglect must be reported; or
- Disclosure is required by court order or other lawful legal process.

Limits to confidentiality will be discussed as part of the informed consent process.

Special Considerations for Child and Adolescent Therapy

When working with children and adolescents, privacy is an important component of effective treatment.

Parents and legal guardians generally have certain rights regarding their minor child's treatment information, subject to applicable law and custody arrangements. It is my clinical practice to protect a child's privacy whenever possible and legally appropriate in order to support trust and effective treatment.

As children mature into adolescence, greater privacy may be afforded when clinically appropriate and consistent with applicable law and professional ethics.

Parents and guardians will be informed of significant safety concerns, serious risk of harm to self or others, and other matters requiring parental involvement, consistent with applicable law.

Specific details of therapy sessions may be limited when clinically appropriate and legally permissible in order to preserve the therapeutic relationship and promote effective treatment.

Open communication between children, adolescents, and their parents or guardians is encouraged whenever appropriate.

When multiple adults have legal decision-making authority for a child, parents or legal guardians are responsible for providing accurate custody and consent information and notifying **[Clinician/Practice Name]** of any changes to custody arrangements or court orders that may affect treatment.

Family and Couples Therapy

In family and couples therapy, information shared by one participant may be relevant to the treatment of others involved in the therapeutic process.

Because multiple individuals participate in treatment, confidentiality differs from individual therapy, and separate confidentiality between participants cannot always be guaranteed.

Specific policies regarding confidentiality in family and couples treatment will be discussed at the beginning of treatment and as clinically appropriate throughout care.

Telehealth and Electronic Communication

Telehealth services are provided through secure technology designed to protect privacy and confidentiality.

Despite reasonable safeguards, electronic communications involve inherent risks, including technology failures, internet disruptions, unauthorized access, and security breaches beyond the control of the provider.

Clients are encouraged to:

- Participate in telehealth sessions from a private location;
- Use secure internet connections when possible;
- Protect passwords and account information;
- Avoid accessing sessions from public or shared spaces when privacy cannot be maintained; and
- Notify the therapist promptly regarding any privacy or security concerns.

Email and text messaging should generally be used for scheduling and administrative purposes only and should not be used for emergencies or urgent clinical concerns.

Complaints

If you believe your privacy rights have been violated, you may submit a complaint to:

Katherine Clark, LCSW

Phone: (914) 458-2661

Email: KateClarkLCSW@gmail.com

You may also file a complaint with the **Office for Civil Rights, U.S. Department of Health and Human Services**.

You will not be penalized, retaliated against, or denied services for filing a complaint.

Acknowledgment of Receipt

I acknowledge that I have received a copy of the **Notice of Privacy Practices, Confidentiality, and Client Rights** for **[Clinician/Practice Name, Credentials]**.

My signature below acknowledges that I have received and reviewed this Notice. My signature does not necessarily indicate agreement with every provision, but confirms receipt of the Notice and an opportunity to review its contents.

Client Name: _____

Client Signature: _____

Date: _____

Parent/Guardian Name (if applicable): _____

Parent/Guardian Signature: _____

Date: _____

Clinician/Practice Representative: _____

Date: _____