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Consent Form

Limits of Services and Assumption of Risks:

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any “cures” cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Limits of Confidentiality:

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threat or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

Prenatal Exposure to Controlled Substances

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor patients have the right to access the patients' records.

Insurance Providers

Insurance companies and other third-party payers are given information that they request regarding services to the patients.

The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

HIPAA & Electronic Communication Policy

HIPAA Policy

HIPAA is shorthand for the federal government rules under the “**Health Insurance Portability & Accountability Act**” established by the U.S. Department of Health and Human Services. These rules govern your privacy and the security of your personal medical information. They are there to help maintain privacy standards while processing health claims and other information transactions.

All health providers are required to establish procedures to protect the confidentiality, integrity, and availability of your health information. Your personal medical information will not be disclosed without your verbal or written consent unless otherwise mandated by law. HIPAA rules are designed to help protect the privacy and security of your health information.

You have signed a services contract that outlines your confidentiality rights. Please review your copy of my confidentiality practices and limits of maintaining this confidentiality.

Electronic Communication Policy

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. This is because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and law.

If you have any questions about this policy, please feel free to discuss this with me.

Email Communications

I use email communication and text messaging only with your permission and only for administrative purposes unless we have made another agreement. That means that

email exchanges and text messages with my office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email me about clinical matters because email is not a secure way to contact me. If you need to discuss a clinical matter with me, please feel free to call practice manager and they will contact me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context is simply a much more secure mode of communication.

Text Messaging

Because text messaging is a very unsecure and impersonal mode of communication, I do not text message to nor do I respond to text messages from anyone in treatment with me. So, please do not text message me unless we have made other arrangements.

Social Media

I do not communicate with, or contact, any of my patients through social media platforms like Twitter or Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you.

I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me (or the practice manager) by accident. If that occurs, please discuss it with me during our time together. I believe that any communications with patients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental.

Web Searches

I will not use web searches to gather information about you without your permission. I believe that this violates your privacy rights; however, I understand that you might choose to gather information about me in this way. In this day and age there is an incredible amount of information available about individuals online, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment.

Recently it has become fashionable for patients to review their health care providers on various websites. Unfortunately, mental health professionals cannot respond to such comments and unrelated errors because of confidentiality restrictions. If you encounter such reviews of me, or any professional with whom you are working, please share it with me so we can discuss it and its potential impact on your therapy.

Informed Consent for Treatment, Limits of Liability and HIPAA & Electronic Information Policy Acknowledgement

By signing below, I acknowledge that I have read and received a copy of
the Informed Consent for Treatment, Limits of Liability and HIPAA &
Electronic Information Policy practices from
Elizabeth Anderson, LMFT

Printed Name of Patient

Date

Printed Name of Guardian (if patient is a minor)

Date

Signature of Adult Patient or Parent/Guardian
(Please circle "Patient", "Parent", or "Guardian")

Date