Nic Showalter, M.A., LLC
Whole Person Counseling
Notice of Federal Requirements Regarding
Confidentiality

The Federal Requirements Regarding Confidentiality of Client Records and Alcohol/Drug Abuse Client Records. Nic Showalter, M.A., LLC/Whole Person Counseling staff follow all state statutes and regulations including federal regulation 42 CFR Part 2, and Title 25, Article 4, Part 14 and Title 25, Article 1, Part 1, CRS and the Health Portability and Accountability Act (HIPAA), 45 CFR Parts 142, 160, 162, and 164, governing testing for and reporting of TB, HIV/AIDS, Hepatitis, and other infectious diseases.

Nic Showalter, M.A., LLC/Whole Person Counseling confidentiality of client records and substance abuse client records maintained by the practice is protected by federal law and regulations. Practice staff is prohibited from disclosing any identifying information about any client to a person outside the practice, or disclosing that the client is in treatment unless one of the following exceptions occurs:

Staff is required to report and/or disclose information if and when any of the following occur with any practice client:

1) Client Consents in Writing
2) Disclosure by Court Order
3) Disclosure is made to Medical Personnel in a Medical Emergency or to qualified personnel for research, audit, or program evaluation.
4) Client Commits or Threatens to Commit a Crime either at the Practice or Against any Person Who Works for the Practice.
5) A Minor or Elderly client reports having been Abused (Physically, Sexually or Psychologically/Emotionally) and/or Neglected.
6) A Client Reports Planning to Harm Another Person, or Reports Having Homicidal Ideations.
7) A Client Reports Suicidal Ideations or Self-Harm.

Violation of this Federal Law and Regulations by a person/practice is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal Regulations.

Client Signature:_____ Date:_____

Client Name (Print):_____ Date:_____

Parent/Guardian Signature:_____ Date:_____
(Only If Applicable)

Staff Signature:_____ Date:_____