

# Max Taylor, Psy.D, LLC

401 HALL STREET. SW. SUITE 112-B • Grand Rapids, MI 49503  
Phone: (616) 239- 2575 • E-mail: mtaylor@taylorpsychgr.com

## Notice of Privacy Practices

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**THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### I. Confidentiality

As a rule, I will disclose no information about you, or the fact that you are my patient, without your written consent. My formal Mental Health Record describes the services provided to you and contains the dates of our sessions, your diagnosis, functional status, symptoms, prognosis and progress, and any psychological testing reports. Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operations purposes. However, I do not routinely disclose information in such circumstances, so I will require your permission in advance, either through your consent at the onset of our relationship (by signing the attached general consent form), or through your written authorization at the time the need for disclosure arises. You may revoke your permission, in writing, at any time, by contacting me.

### II. Limits of Confidentiality

#### Possible Uses and Disclosures of Mental Health Records without Consent or Authorization

There are some important exceptions to this rule of confidentiality – some exceptions created voluntarily by my own choice, [some because of policies in this office], and some required by law. If you wish to receive mental health services from me, you must sign the attached form indicating that you understand and accept my policies about confidentiality and its limits. We will discuss these issues now, but you may reopen the conversation at any time during our work together.

I may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy, or because legally required:

**Emergency:** If you are involved in a life-threatening emergency and I cannot ask your permission, I will share information if I believe you would have wanted me to do so, or if I believe it will be helpful to you.

**Child Abuse Reporting:** If I have reason to suspect that a child is abused or neglected, I am required by Michigan law to report the matter immediately to the Michigan Department of Social Services.

**Adult Abuse Reporting:** If I have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, I am required by Michigan law to immediately make a report and provide relevant information to the Michigan Department of Welfare or Social Services.

**Health Oversight:** Michigan law requires that licensed psychologists, social workers, and counselors report misconduct by a health care provider of their own profession. By policy, I also reserve the right to report misconduct by health care providers of other professions. By law, if you describe unprofessional conduct by another mental health provider of any profession, I am required to explain to you how to make such a report. If you are yourself a health care provider, I am required by law to report to your licensing board that you are in treatment with me if I believe your condition places the public at risk. Michigan Licensing Boards have the

power, when necessary, to subpoena relevant records in investigating a complaint of provider incompetence or misconduct.

**Court Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information unless you provide written authorization or a judge issues a court order. According to Michigan state law, when requested information has been previously made confidential shall be disclosed only under 1 or more of the following circumstances:

- (a) Under an order or a subpoena of a court of record or a subpoena of the legislature, unless the information is privileged by law. If I receive a subpoena for records or testimony, I will notify you so you can file a motion to block the subpoena if you so choose.
- (b) To a prosecuting attorney as necessary for the prosecuting attorney to participate in a proceeding governed by this act.
- (c) To an attorney for the recipient, with the consent of the recipient, the recipient's guardian with authority to consent, or the parent with legal and physical custody of a minor recipient.
- (d) If necessary in order to comply with another provision of law.
- (e) To the department if the information is necessary in order for the department to discharge a responsibility placed upon it by law.
- (f) To the office of the auditor general if the information is necessary for that office to discharge its constitutional responsibility.
- (g) To a surviving spouse of the recipient or, if there is no surviving spouse, to the individual or individuals most closely related to the deceased recipient within the third degree of consanguinity as defined in civil law, for the purpose of applying for and receiving benefits

Michigan law states that therapy information is protected by patient-therapist privilege in sexual assault and domestic abuse cases. Said law indicated except as provided by section 11 of the child protection law, Act No. 238 of the Public Acts of 1975, being section 722.631 of the Michigan Compiled Laws, a confidential communication, or any report, working paper, or statement contained in a report or working paper, given or made in connection with a consultation between a victim and a sexual assault or domestic violence counselor, shall not be admissible as evidence in any civil or criminal proceeding without the prior written consent of the victim

**Serious Threat to Health or Safety:** Under Michigan law, if I am engaged in my professional duties and you communicate to me a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I am legally required to take steps to protect third parties. These precautions may include:

- 1) Warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18.
- 2) Notifying a law enforcement officer, or
- 3) Seeking your hospitalization.

By my own policy, I may also use and disclose medical information about you when necessary to prevent an immediate, serious threat to your own health and safety. If you become a party in a civil commitment hearing, I can be required to provide your records to the magistrate, your attorney or guardian ad litem, a CSB evaluator, or a law enforcement officer, whether you are a minor or an adult.

**Records of Minors:** Michigan has a number of laws that limit the confidentiality of the records of minors. As a general matter, the mandatory and permissive exceptions to confidentiality that apply to the treatment of adults may also apply the treatment of minors. However, access to records of a minor can be a slightly different situation. Due to the fact a parent or guardian is legally responsible for the overall well-being of the minor child they then have a legal interest in the health and treatment of the child. For instance, a parent is informed in general terms their child progress in therapy but there are also several situations in which confidentiality

must in fact be maintained and where a request for access from a parent must or should be denied. Other circumstances may also apply, and we will discuss these in detail if I provide services to minors.

Other uses and disclosures of information not covered by this notice or by the laws that apply to me will be made only with your written permission.

### **III. Patient's Rights and Provider's Duties:**

**Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information about you. You also have the right to request a limit on the medical information I disclose about you to someone who is involved in your care or the payment for your care. If you ask me to disclose information to another party, you may request that I limit the information I disclose. However, I am not required to agree to a restriction you request. To request restrictions, you must make your request in writing or through e-mail, and tell me: 1) what information you want to limit; 2) whether you want to limit my use, disclosure or both; and 3) to whom you want the limits to apply.

**Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** — You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address. You may also request that I contact you only at work, or that I do not leave voice mail messages.) To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.

**Right to an Accounting of Disclosures** – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in section III of this Notice). On your written request, I will discuss with you the details of the accounting process

**Right to Inspect and Copy** – In most cases, you have the right to inspect and copy your medical and billing records. To do this, you must submit your request in writing or via e-mail. If you request a copy of the information, I may charge a fee for costs of copying and mailing. I may deny your request to inspect and copy in some circumstances. I may refuse to provide you access to certain psychotherapy notes or to information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative proceeding.

**Right to Amend** – If you feel that protected health information I have about you is incorrect or incomplete, you may ask me to amend the information. To request an amendment, your request must be made in writing or in e-mail, and submitted to me. In addition, you must provide a reason that supports your request. I may deny your request if you ask me to amend information that: 1) was not created by me; 2) is not part of the medical information kept by me; 3) is not part of the information which you would be permitted to inspect and copy; 4) is accurate and complete.

**Right to a Copy of this Notice** – You have the right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time. Changes to this notice: I reserve the right to change my policies and/or to change this notice, and to make the changed notice effective for medical information I already have about you as well as any information I receive in the future. The notice will contain the effective date. A new copy will be given to you or posted in the waiting room. I will have copies of the current notice available on request.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint. To do this, you must submit your request in writing to my office. You may also send a written complaint to the U.S. Department of Health and Human Services.

**Effective Date:** \_\_\_\_\_

**Initial:** \_\_\_\_\_

**ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES**

Please sign, print your name, and date this acknowledgement form.

My signature below indicates that I have received the Notice of Privacy Practices of Dr. Max Taylor, Psy.D., LLC as required by Michigan Law. We have discussed these policies, and I understand that I may ask questions about them at any time in the future.

**I consent to accept these policies as a condition of receiving mental health services.**

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OR

**Client Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_