



Privacy and Related Policies at Sundancer Psychological Services

What information do we keep?

We are required to keep a record of all of our clients. Your records will include contact information, emergency information, consent forms, contracts, assessments, previous records, treatment plans, session notes and summaries, billing information, and all correspondence we send or receive from you related to your treatment

Where do we keep your information?

We keep our physical files under supervision when in use, or in locked filing cabinets in a locked room when not in use. We keep our electronic files in a password and firewall protected server that is only accessible by our clinic and that is backed up on a regular basis, and on a secure web based practice management system that is encrypted, complies with guidelines for PHI, and is routinely backed up to ensure the security of sensitive client information.

How long do we keep your information?

We are required to keep your record for at least 10 years beyond our last contact with you, or 10 years past your 18th birthday if you were a child or adolescent at the termination of treatment.

How do we destroy documents or files with your personal health information?

We destroy paper files and documents containing personal information by shredding. We destroy electronic information by deleting it and when the hardware is discarded, ensuring that it has been destroyed.

What is your access to your file?

You have the right to see your file. If you are our client or have recently been our client, we will schedule a time to go through the file with you. If you believe that there is a mistake in factual information, you may ask that it be corrected. We will not change information related to our professional opinions. We may ask you to provide documentation correcting any erroneous information. If we do not agree with your request to change something within the file, you may write a note explaining your proposed changes that we will include in your file.

What is our privacy policy?

We ensure that all who work at Sundancer Psychological Services adhere to mandatory privacy legislation. We will not share any personal health information outside of Sundancer Psychological Services without your knowledge and consent, except in the following circumstances as required by law:

- When there is a clear and imminent risk of serious harm to someone.
- When we suspect that a child under the age of 18 years is at risk of abuse or neglect.
- When a client tells us that s/he has been sexually abused by a regulated health professional.
- When we suspect that a person in a long-term care facility is being abused.
- When a court of law subpoenas the record.
- When the licensing or governing body inspects records as a part of their regulatory activities in the public interest.

Please note that if a third-party is paying for your treatment, they will have access to information regarding your attendance (though not the content) of individual and/or group sessions. This information will be noted on the invoice through Sundancer Psychological Services billing system.

What is our use of electronic communication?

We communicate with our clients, their families, and other service providers through a wide range of electronic means of communication, including phone, fax, email, text, and mail. We realize that there can be risks to privacy with regard to any out of session contact that clinicians might have with you or with other service providers. Clinicians at Sundancer Psychological Services will do their best to be careful with regard to your privacy when using these forms of communication, but are not able to guarantee privacy. If you have a preference for certain forms of communication over others due to privacy concerns, please indicate this to the clinicians and admin staff involved in your care. Sundancer Psychological Services will keep a record of all clinical or substantive contact (e.g. emails, texts, phone calls, faxes) in your health record.

Payment Policy

By signing this form, I agree that my therapist has discussed my fees for session and service rates, late cancellation, and no shows, and any phone consultation fees I may be responsible for, and I agree to pay those promptly. I acknowledge that I am responsible for payment of any outstanding balances that have not been approved for reimbursement by my insurance provider.

I acknowledge that I have read, understand, and agree to the policies above.

Please enter today's date (YYYY-MM-DD)