

# *Turning Point*

## *Center for Psychological and Family Growth, LLC*

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### **POLICY REGARDING RELEASE OF CONFIDENTIAL PSYCHOLOGICAL AND MEDICAL INFORMATION**

Turning Point Center for Psychological and Family Growth, LLC places high emphasis on client's rights, including confidentiality. Many precautions are taken to ensure confidentiality. Client information will be released only under one of the following circumstances.

1. A release of information is signed by the client or the client's legal guardian. The release of information will state to whom the information will be released. The release is valid for up to a year, or longer if you agree, unless written revocation by the client is given prior to expiration date. A spouse or relative of an adult client cannot obtain or release records without the client's written consent. Information from couple's sessions will not be released without the consent of both partners.
2. Turning Point will release pertinent information to the proper authorities to protect a person's life in the event of uncontrolled suicidal or homicidal urges.
3. Turning Point will obey court orders to release information.
4. Florida law requires that any evidence of child or elder abuse or neglect be reported to the Department of Children and Family Services.
5. Insurance and managed care companies require client records for various purposes, including authorization of services, determination of medical necessity of treatment, auditing to ensure appropriate record keeping, and other purposes. Client records are provided for such purposes, and the client agrees to such release of information as a precondition for use of insurance to pay for services.
6. You have the right to restrict disclosure of your personal protected health information to your health plan/insurance company if that information pertains solely to healthcare for which you (or a person on your behalf) paid for the testing or treatment in full, out of pocket. You must continue to pay out of pocket for subsequent care related to the restricted disclosure and all care received under the restricted disclosure cannot, at any time, be filed for reimbursement to a third party carrier such as your health insurance plan.
7. Only the client's name, identifying information and payment history will be released in the event that consistent nonpayment requires the client's financial account to be sent to collections.
8. HIPAA mandates release of information when a patient is committed to or returning from a state mental health facility.
9. Your signature on the attached HIPAA form also allows for automatic release of information to other health professional without additional consent. Our policy is more restrictive at Turning Point; we will seek your written consent for such disclosures, except in the case of hospitalization or other emergency situations.

I have read, understand, and agree to the above provisions for release of information. I understand that once released, information can no longer be protected by Turning Point.

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Client's Signature

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Date