Harborlight Behavioral Health, PLLC

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harborlightbh.example · Mon–Thu 8:00a–6:00p · Fri 8:00a–3:00p

CONSENT COMPANION

Document
Confidentiality and consent guide
Owner
Privacy Officer / Clinical Director
Version
4.0 · Approved 01/20/2027
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January 2028

Confidentiality and Its Limits

What stays inside the care conversation, the listed exceptions, how you choose communications, and how records are released

THIS GUIDE ACCOMPANIES THE SIGNED CONSENT; IT DOES NOT REPLACE IT

The signed consent form in your chart is the operative document. Where this guide and the signed form differ, the signed form controls. This specimen is not legal advice.

RELATED FORM	PRIVACY CONTACT	RECORDS CONTACT	EFFECTIVE
HLBH-CONSENT-040	**Privacy Officer R. Cho · 555-0410, option 7**	**Health information · Fax 555-0412**	**01 February 2027**

THE ORDINARY RULE

What you say in a session, what your clinician writes, and what appears on check-in questionnaires is treated as confidential health information. Staff who do not need it to do their jobs are not given it. The nested boundary looks like this:

1. **Inside the session:** you and your assigned clinician, plus anyone you have invited and we have documented as present.
2. **Inside the treatment team:** covering clinicians, supervisors, and billing staff receive only what their role requires.
3. **Outside Harborlight:** information leaves only with a valid authorization, a listed exception below, or a requirement of law identified on the signed consent.

> **Reading rule:** Quote the signed consent, do not broaden it. If a situation is not listed as an exception on the form you signed, staff do not invent a new one.

LISTED EXCEPTIONS — COPIED FROM THE SPECIMEN CONSENT, NOT EXPANDED

EXCEPTION AS PRINTED ON HLBH-CONSENT-040	WHAT STAFF DO	WHAT STAFF DO NOT DO
Imminent risk of serious harm to you	Take steps reasonably necessary to seek emergency help and to contact the emergency contact you named, as described on the signed form	Do not publish details to family members you did not name
Imminent risk of serious harm to an identifiable other person	Follow the warning and protection steps printed on the signed form	Do not notify a workplace, school, or social contact that is not named in those steps
Reasonable suspicion of abuse or neglect of a child, or of an elder or dependent adult, as defined in the statute cited on the signed form	Make the required report to the agency named in clinic policy	Do not investigate, interview collateral witnesses, or determine whether abuse occurred
Valid court order or other compulsory legal process identified by the Privacy Officer	Release only the portion the order requires, after legal review	Do not release a full chart because a letterhead request arrived
Medical emergency in which you cannot give or withhold permission	Share the minimum needed with emergency clinicians	Do not continue sharing after the emergency ends without a new basis
As otherwise required by law and specifically identified on the signed consent	Follow the statute or regulation named on the form	Do not treat 'required by law' as a general permission to discuss the case

These rows restated the signed form. They are not a complete statement of any real statute. A clinician who is unsure stops and asks the Privacy Officer rather than paraphrasing.

COMMUNICATIONS YOU CHOOSE

CHANNEL	DEFAULT IF YOU SAY NOTHING	YOU MAY CHOOSE	LIMITS
Appointment reminders	Voice call to the number on file	Voice, text, or portal only	Reminders contain date, time, and location — not a reason for the visit
Between-session messages	Portal only	Portal, or decline messaging	Not monitored continuously; not for urgent safety concerns
Voicemail at the number you provide	Staff may leave a name and callback number only	Allow a more detailed message, or forbid voicemail	We will not leave clinical content unless you opt in, in writing
Email	Off	Administrative email only	Email is not a confidential channel; clinical content is not sent this way
Family or third-party updates	Off	A named person, with categories you select	Requires a signed authorization; you may revoke it

HOW RECORDS ARE RELEASED WHEN YOU ASK

1. Complete HLBH-AUTH-012. Specify the recipient, the date range, and the categories.
2. Health information staff verify your identity and the authorization's expiration.
3. Routine requests are processed within 15 business days of a complete form (HLBH policy REC-07).
4. You may inspect or request a copy for yourself using the same form, marked 'self'.
5. If we deny a request in whole or in part, you receive a written reason and how to appeal internally.

Psychotherapy notes, if kept separately as described on the signed consent, follow the extra authorization language on that form — not this paragraph.

MINORS, PARENTS, AND DECISION-MAKERS

- Who may consent, who may access records, and which topics stay between the minor and the clinician are set by the signed consent and by the law cited on it.
- This specimen does not state those rules, because they vary and because restating them loosely would widen them.
- Ask the Privacy Officer before assuming a parent, partner, or healthcare agent can sit in or receive a summary.

> **Waiting-room rule:** Do not treat a person sitting in the waiting room as authorized.

ACKNOWLEDGMENT BLOCK (SPECIMEN — NOT FOR SIGNATURE)

STATEMENT	INITIALS
I received Harborlight's Notice of Privacy Practices and this confidentiality guide.	
I had a chance to ask questions about the listed exceptions. Unanswered legal questions were referred to the Privacy Officer rather than answered as advice.	
I understand that the signed consent in the chart, not this educational guide, is the operative document.	
I understand this packet is a fictional specimen in demonstration copies and is not legal advice.	

Demonstration copies are not signed. Live clinic copies would collect printed name, date, and signature on HLBH-CONSENT-040, not on this guide.

VERSION, APPROVAL, AND CONTACTS

ITEM	VALUE
Document number	HLBH-CONF-040
Paired consent form	HLBH-CONSENT-040
Approved by	Privacy Officer R. Cho; Clinical Director M. Ellison, LCSW; external counsel review logged 01/08/2027 (specimen)
Approval date	20 January 2027
Effective	01 February 2027
Next review	January 2028
Questions about the form	Privacy Officer, 555-0410 option 7, privacy@harborlightbh.example
Urgent clinical concern during office hours	Front desk 555-0410, ask for the on-duty clinician
After hours clinical line	555-0411
Emergency	Call 911 or go to the nearest emergency department

FICTIONAL SPECIMEN. Harborlight Behavioral Health, PLLC, its consent forms, exception list, timelines, and approval log are invented for demonstration only. This is not legal advice, not a real Notice of Privacy Practices, and not a substitute for a signed consent discussion. Do not rely on it for any real confidentiality decision.