



**SIMS**

SIMS Foundation P.O. Box 2152 Austin, TX 78768

*Confidential Clinical Numbers:* Phone 512-494-1007

Fax 512-542-9965

[www.simsfoundation.org](http://www.simsfoundation.org)

## **SIMS LIMITS OF CONFIDENTIALITY**

The contents of a psychiatric assessment, medication management session, and/or a counseling intake or assessment session are considered to be confidential. Neither verbal information nor written records about a client can be shared with another party without the written consent of the client or the client's legal guardian. It is the policy of SIMS not to release any information about a client without a signed release of information. ***NOTED EXCEPTIONS ARE AS FOLLOWS:***

### **Duty to Warn and Protect**

When a client discloses intentions or a plan to harm self or others, the health care professional will take reasonable action to insure the safety of the client or the other party.

### **Abuse of Children and Vulnerable Adults**

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities.

### **Professional Misconduct**

Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

### **Court Orders**

Health care professionals are required to release records of client when a court order has been placed.

### **Minors/Guardianship**

Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

### **Other Provisions**

Information about clients may be discussed in consultation with other professionals in order to provide the best possible services. In such cases, neither the name of the client, nor any identifying information, is to be disclosed.

Since SIMS often serves individuals who are in relationships with one another, including couples and families, SIMS maintains separate files for each individual in order to protect her/his confidential information.

In the event that SIMS clinical staff must telephone the client for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve your confidentiality. Please list where we may reach you by phone and how you would like us to identify ourselves. *For example, you might request that when we phone you at home or work, we do not say the name SIMS or the nature of the call, but rather only the first name of the staff person calling.*

If you do not provide this information to us in the area below, we will adhere to the following procedure when making phone calls: *First we will ask to speak to the client (or guardian) without identifying the name SIMS. If the person answering the phone asks for more identifying information we will say that it is a personal call. We will not identify SIMS (to protect confidentiality). If we reach an answering machine or voice mail we will follow the same guidelines.*

**(Please Print)**

**Client Name:**

<b>Phone Numbers:</b>	<b>May we identify ourselves as SIMS?</b>	<b>If no, how should we identify ourselves?</b>
<b>Home:</b>	<b>YES                  NO</b>	
<b>Work:</b>	<b>YES                  NO</b>	
<b>Other:</b>	<b>YES                  NO</b>	

**Please list the name of your SIMS Provider:**

**I agree to the above limits of confidentiality and understand their meanings and implications.**

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date of Signature**

*(If client is a minor)*

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date of Signature**

**ATTENTION PROVIDER:** Each client (including individuals engaged in couples, family or group sessions) is to complete this form during their initial session.  
Please return this signature page to SIMS ASAP following the client's initial session.